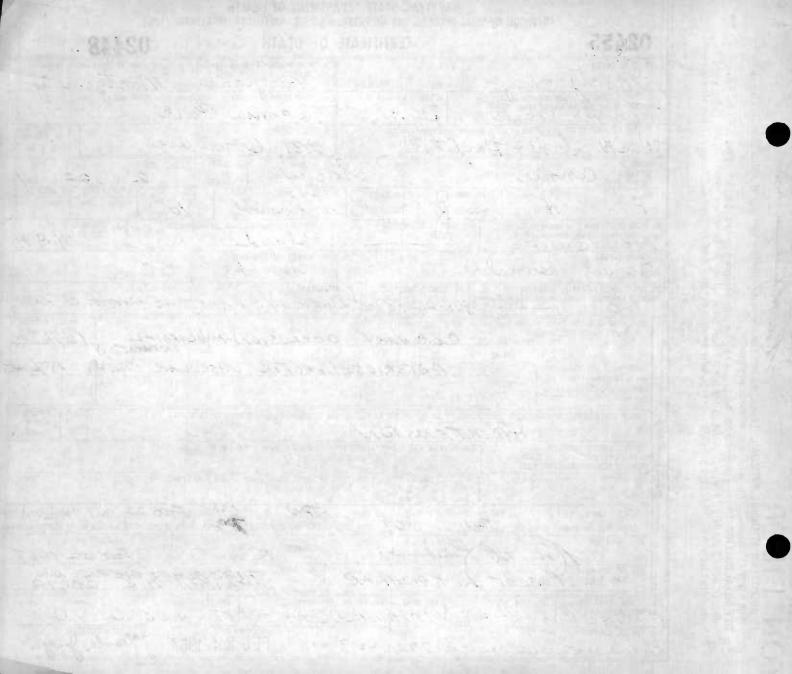
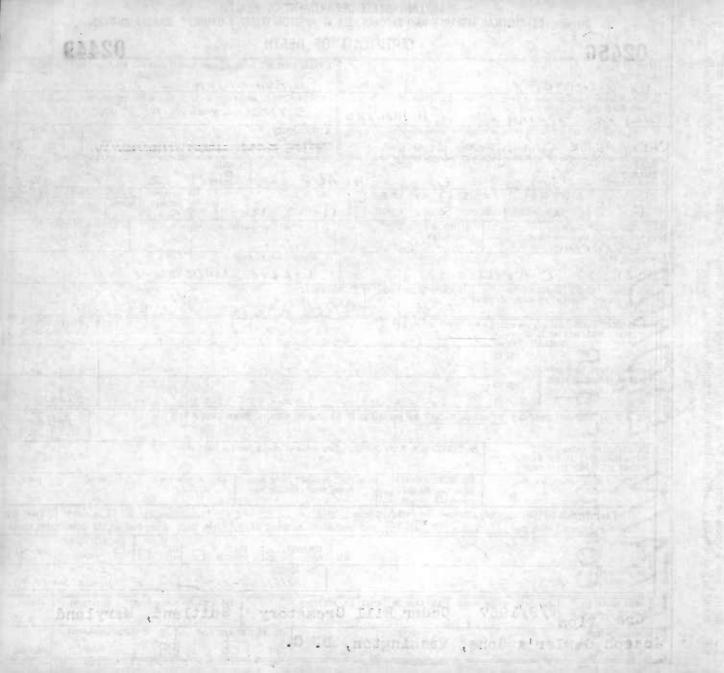
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02455 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) longomers MARYLAND CLENGTH OF STAY IN 15 c. CITY OR TOWN OF autside carparate limits, write RURAL and give nearest tawn b. CITY OR TOWN (If outside corporate lights. write RURAL and give nearest fown) akonia akoma (tark e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? Grant ave YES NO X NAME OF First Middle DATE Month Day Year DECEASED 22 1961 (Type or print) DEATH S. SEX IF UNDER I YEAR JE UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED last birthday) Months Drivs Hours unknow WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? oland TOUSEWIF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marah 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na_orunknown) (If yes give war or dates af service) SAME AS 2 101-22-8761 DOROTHY V. MARKS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH CORONARY IMMEDIATE CAUSE (a) DUF TO ARTERIOSCIEROTIC MECULAR DISEASE NIKE Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? HYDERTENSION NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II af item 18.) 2Dg. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, 2Df. (City ar town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) Haur a.m. ot wark of work 1964 to FEB 22, 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. TAN saw the deceased alive an Van 1967, and that death accurred at 300 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED PHYS HEB 22 1967 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) KOBERT 20012 WASHINGTON 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 230 BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) TEBRONCEMETER REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25b.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 death executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH O. COUNTY MONTGOMERY o. STATE h COUNTY MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 haurs o write RURAL and give nearest town) 2712 WISCONSIN AVE 11 MONTHS SPRINGS SILVER filled in I e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS CHEVY CHASE CONVALESCENT CENTER YES NO R First HIGHWAY 4. DATE 3 NAME OF carban Lost Month Dov Year DECEASED SAVAGE 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED B DATE OF BIRTH please remave last birthdoy) Months Dovs Hours WIDOWED X DIVORCED 11-27-1881 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificater by during most of working life, even if retired) INDUSTRY COUNTRY 2 physreign 11.5 LIBRARIAN GOV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys LILLIE ANDERSON EVERETT NEILL 17. INFORMANT 16 SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) WIYK. OCKVILLE -MD 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARONIA BRAIN IMMEDIATE CAUSE (o) signed by 350X DUF TO Conditions, if ony, which gove ARTERIOS CLEROSIS rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO far 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceosed from March 21, 1966, to Jebruary 2, 1967, that (1) (we) last saw the deceased alive an February 8 1967, and that death accurred at 1152M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE February 9, 196" DIRECTOR PHYS. graziam M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S GEORGIA AUGNUE SILVER SARING, MD. NAME (Type) H460 10101 L23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory 23d. LOCATION (City or Town) (County)
Suitland, Maryland 23o. BURIAL, CREMATION, REMOVAL (Specify) Cremation (Stole) 9/1967 Joseph Gawler's Sons, Washington, D. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR AIS 2DM

MARYLAND STATE DEPARTMENT OF HEALTH
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12450 DIVISION OF

	PLACE OF OEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. STAIE b. COUNTY HOWARD					
	Montgomery MARYLANO			Mary land		Frine	eGeor	ges	V		
	b. CITY OR TOW	N (if outside corpora	te limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (II	foutside corp	orate limits, write	RURAL a	nd give near	est town)
		Park, Mary				Hammond V	illage	. Laurel.	Md.	1	2.7
	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not In h	ospital, give street addr	ess)	d. STREET ADDRESS				I e. IS RI	ESIDENCE
		n Sanitari			,	76000000000001	2900	Gorman Ro	1.	YES _	FARM?
	NAME OF	Fi	irst	Middle		Last	4. DATE	Month		Day Y	ear
	DECEASED (Type or print)	FRE	0	4.	5	CHMID	OF DEATH	Feb.	1	19	67
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO		B. DATE OF BIRTH	9.	AGE (In years IF Iast birthday)	UNDER 1		
M	ale	White	WIDOWED	X DIVORCED	J	une 18, 191	3	53 vrs.	onths	ays Hour	s Min.
1Da.	USUAL OCCUPAT	ION (Give kind of work ing life, even if retire		IND OF BUSINESS OR		11. BIRTHPLACE (C				IZEN OF WHA	AT
dorn		countant		SA, Godard	Sp	ac@oledo. O	hio		COU	U.S.	
13.	FATHER'S NAM	E		Flight	- 1	14. MOTHER'S MAIG					
7	Fred L.	Schmid		1 440110		Agnes Sch	mid Kr	ueger (Nee	Bar	tel)	
15.	WAS DECEASED I	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address		0027	
(Yes,	, ne, or unkown)	(If yes give war or dates o	of service)	20 20 20	414						
	PAGGAX N				Mr	. Emmanuel				- test	
		ATH WAS CAUSED BY		Ine for (a), (b), and (c).]		Bai	timore	, Md.,212	02	ONSET AND	
	PART I. DE	IMMEDIATE CAUSE	(a)	Myoza	2	Ical 1	ufar	ctron	-	los	cas_
	4201	OUE	TO	0			110			1	
	Conditions, If		(b)	Coronar	4	orter	, tu	combos	u	nos	us_
	gave rise to cause (a), st		TO	C	/	/	000			1.00	
	underlying caus		(c)	arterio	20	lessis	oble	terons		gen	10
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIO	ONS CONTRIBU	TING TO DEATH BUT NOT	RELA	TEO TO THE TERMINAL I	DISEASE CON	DITION GIVEN IN PA	RT1(a)		UTOPSY
2 3	/	march.		· · · ·	,					YES T	RMED?
E		WAS UNDERLYING	30b.	DESCRIBE HOW INJURY	CCU	RREO. (Enter nature of	f Injury In Pa	rt I or Part II of I	tem 18.)		La
1 1	OR CONTRIBUTI	NG □ CAUSE OF DEA IFY MEDICAL EXAMIL	TH								530
MEDICAL	20c. TIME OF I Hour a.n	NJURY Month, Day,		4	PLA	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (City or town)	(Count	(y)	(State)
MED	p.n		While at work	Mot wille		7,04,000,000,000,000,000,000	,,,,,				
-	21. I certif	v that (I) (this host	oital) attend	ed the deceased from	J	an.18 1	967 to	eb.l	1967	, that (1)	(we) last
	saw the dec	eased alive onI	Feb. 1	19 67 and	that	death occurred at			d on the	date state	d above.
	22a. SIGNATUS		0			/				E SIGNEO	
	1	leaner	D. (0)	us.	M.O	ATTENOING PHYS.	MED. DIRECTOR	STAFF PHYS.			
	22c. PHYSICIA		4	8		22d. ADORESS		11110	-		
1	NAME (Tý	DE KENN	ETH	CRUZE M	.0	831 V	NIVER	Siry BL	UD.,	EAST.	512.
23a.		ATION, 23b. OATE	THEREOF	23c. NAME OF CEME	TERY	OR CREMATORY	23d. LO	CATION (CIty, town	or coun	ty) (State.
Par	REMOVÁL (Spe rial	Feb.	1067	leadowni dan	C		Dors	ey, Maryl	and		MA.
0.0	CHAICDAL DIDE			Meadowridge ADDRESS		230. 114	C'O BY REGIS	TRAR 25b. REG	STRAR'S	SIGNATURE	
of	ward Cou	inty Funera 1. Witzke	т поше	Ellicott C			B 8.	1967 gc	raplo	as Vers	a é
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02458 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) an o. COLINTY o. STATE b. COUNTY ompletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, MARYLAND Montgomery c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Olney 7 days Wheaton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital 2810 Parker Ave., Wheaton YES NO X NAME OF First Middle 4. DATE Doy Year DECEASED (Type or print) Virginia DEATH Irene Scott February 19 67 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 7. MARRIED **NEVER MARRIED** last birthdoy) Months Doys Hours 5/9/85 female white WIDOWED -DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Washington. D.C. housewife American 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Ratcliff Laura Greenwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 220-54-0966 Hospital Records Olney, Md no 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital or attending physician. DHE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the b f Health priar ta b stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
PERFORMED? NO YES certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) **DIRECTOR:** After this 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work ot work to tet 21. I certify that (1) (this haspital) attended the deceased fram... TO HOSPITAL OR ATTEND Page 4 may be retained 19 67, and that death occurred at 3:15 PM, fram causes and an the date stated above. sow the deceased alive on the 22o. SIGNATURE 22b. DATE SIGNED A.W. Smith M.D. DIRECTOR director, page should be filed GEORGIA AVE 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL NAME (Type) Olney, Maryland WHEATON, M 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATOR (Stote) PEMOVAL (Specify) Washington 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25K REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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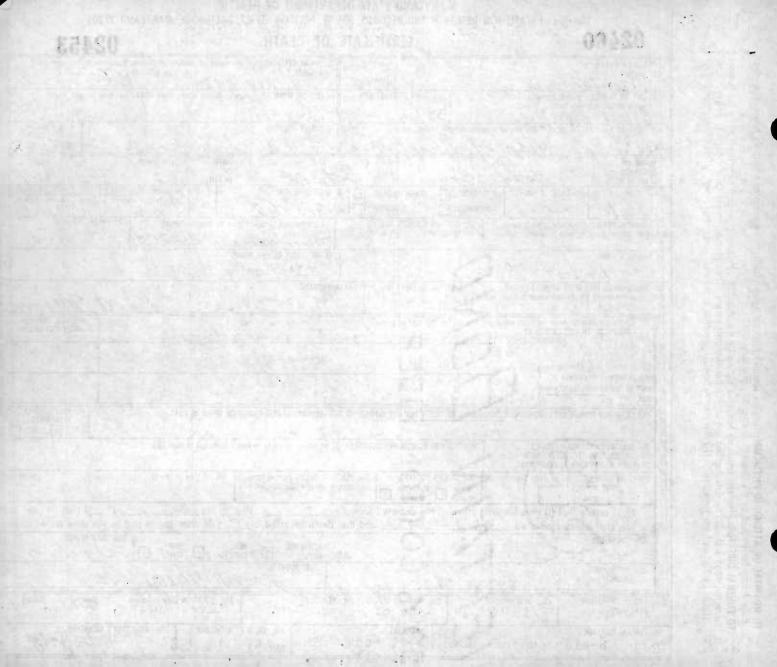
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02459 02452 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomes a. STATE b. COUNTY delay is and 3 to Poge MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) c LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, and P.M3. write RURAL and give negrest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS along with form 8. Give Poges 1, beck of Hechtens YES NO certificate shauld be executed within 24 hours after death, 3. NAME OF DATE Middle Last Day Year DECEASED OF DEATH IF UNDER 24/HRS S. SEX 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Haurs within 72 hours ofter death WIDOWED DIVORCED Office 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of warking life, even if refired) VETION LABORER .⊆ the Chief Medicol Exominer in pencil i 13. FATHER'S NAME 14 MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Holly Wood (Yes, na, ar unknown) (If yes give war ar dates of service) HILIPH. SCRIBER 18. CAUSE OF DEATH (Enter only one cause per line for (a) event 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY TREEZIN IMMEDIATE CAUSE (a) writing the ward DHE TO OUV Canditians, if any, which gave rise to immediate cause (o). forwarded to = DUE TO stating the underlying cause SD 19. WAS AUTOPSY PERFORMED? removol, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES NO the certificate. pe 20a. EXTERNAL CAUSE WAS PRIMARY TO ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) 3 should 0 · Fell along R.R. when drump and fell askeep + From CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Not While FUNERAL DIRECTOR: Page at wark at work 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection A Inquiry St. and in my opinion Accident 34 the funeral director. deoth resulted from: Noturol couses Suicide . Homicide Undetermined monner be retoined pleose CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 moy be retr TO FUNERAL DI Heolth prior t ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL (Specify) CEMETERY 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT 24. FUNERAL DIRECTOR VR A15ME 6 MAR Meliania 1967 DATE

55720 SEESO Z-British - W Santhar Strain And fine the second their modern and a second to the J. STRIKER . 1. 23. AND THE PARTY OF T A STANCE OF THE of a complete and about any for any of the grant DANK BURNES

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #14 infor. taken from birth cert. 2/14/07 pc 02460 CERTIFICATE OF DEATH physician ond completely filled in by the funeral en please remove carbon papers. Pages 1 and-2 oval, and in any event, within 72 hours after death: certificate be executed within 24 hours after death, 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH o. COUNTY b. COUNTY nontgomen MARYLAND c. CITY OR TOWN (If Jutside carporote limits, write RURAL and give nearest fown) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO NAME OF 4. DATE Year Lost Day DECEASED 1960 (Type or print) DEATH IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE # A DATE OF BIRTH NEVER MARRIED lost birthdoy) Manths Hours 3 Dovs WIDOWED DIVORCED 1Da, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? montgomen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the ottending physical them p removal, Ollie Louise Pugh 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. The law requires that the death (Yes, na, or unknown) (If yes give wor ar dates of service) IB. CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) by DUE TO signed Canditians, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause be retoined by the hospitol or offending os the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has YES ____ __NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 should be detoche with the Stote Dept. 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (County) Not While factory, street, office bldg., etc.) 19 at wark ot wark e deceased fram <u>FEb. 8</u>, 19<u>67</u>, ta <u>FEb. 10</u>, 19<u>67</u>, that (1) (we) last 19<u>67</u>, and that death accurred at <u>1864</u> M, fram causes and an the date stated abave. 21. I certify that (1) (this haspital) attended the deceased fram FED. 8 saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) RKOWITT AURE 23c. NAME OF CEMETERY OR CREMATORY location (City or Town) lver spring, (County) tg (State) Md 23o. BURIAL, CREMATION, DATE THEREOF Gate of Heaven Cem. BIREMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home VR A15 (4) 20 M 1/66 Rock.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02461 CERTIFICATE OF DEATH death within 24 hours after deoth completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Resi PLACE OF DEATH o. COUNTY a. STATE Montgomery on papers. Pages 1 within 72 hours after MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) BETHESDA 15 DAYS ROCKVILLE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS SUBURBAN DENHAM ROAD YES NOT pleose remove carbon 3. NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED 1967 FEB.18 (Type or print DEATH ond in ony event, SHOEBOTH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) 8/11/96 Months Doys FEMALE WIDOWED DIVORCED signed by the attending physician and burial-tronsit permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY NEBRASKA .S.A. HOUSE, ITEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova FRANK COOPICH ADELATOE STARK IS. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, arunknawn) (If yes give war ar dotes of service 0 SAME WILDA I. RUSH DAUGHTER cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a Poge 4 moy be retoined by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO use os the l stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Do. ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18. OR CONTRIBUTING CAUSE OF DEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) While Not While with the State at wark at work should be 21. I certify that (I) (this hospital) attended the deceased fram 2 1947, that (I) (we) lost and that death occurred at 4:35 M, from causes and an the date stated above. saw the deceosed alive an 22o. SIGNATURE 22b. DATE SIGNED MED.
DIRECTOR, director, page 3 should be filed v PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Joseph F. Schannon, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Fairbury Fairbury. Nebraska 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So_REC'D BY REGISTRAR

b

1967

1331 Rockvil

Rockville, Maryland

VR A15 (4) 20 M 1/66

FOR STATE HEALTH DEPT.

TO DEPUTY M. L. EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the licate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the ful. 2, property, a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02462 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02455

b. CITY OR TOWN (If outlide componels limits, write RURAL and give nestratiown) 8 years 4 NAME OF NOSTHAL OR INSTITUTION (If not in hospitus, give street eddress) 6 NAME OF NOSTHAL OR INSTITUTION (If not in hospitus, give street eddress) 10,002 KINDAS Street	Mo. COUNTY	e. STATE B. COUNTMONTGOMERY
MURE SPILLAGE CONTROLLING (If not in horphel, give street eddress) d. NAME OF HOSPITAL OR HISTILITION (If not in horphel, give street eddress) 10,002 Kintoas Street 10,002 Kintoas		
10,002 Kintoss Street	write RURAL and give nearest town)	
10,002 Kimods Street		
DECERSED (Type or print) Wilbert New John Street GEATH Jebruary 21 1967 SEX G. COLOR OR RACE 7, MARRIED NEVER MARRIED 0, DATE OF BIRTH 1907 Male White Whote Whote Wood 1907 Sex Married Never 1907 Sex Married 1	10,002 Kinross Street	10,002 Kinross Street YES NO NO
DIVORCED DIV	Or print) Wilbert Henry	Changles OF Och 21
Log during most of working life, even if relired Death (1) Death (2) Death (3) D	Mala	June 14 1007 last birthdey) Months Deys Hours Min.
14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Mary Bremmerman Mary Bremm	done during most of working life, even if retired)	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? To no, or unlown Character Clarence Shoemaker Side Carolina Place, No. 17. INFORMANT Yes Clarence Shoemaker Side Carolina Place, No. 18. 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end/side Markington, Clarence Shoemaker Side Shoemaker Shoemaker Shoemaker Shoemaker Side Shoemaker Shoe	13. FATHER'S NAME	
B. CAUSE OF DEATH Enter only one cause per line for (a), (b), and soil PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Henry P. Shoemaker	Mary Bremmerman
B. CAUSE OF DEATH (Enter only one cause part line for (a), (b), and (c) Myself and (c)	(Yes, no, or unkown) (Ifyes give wer or detes of service)	7. INFORMANT STATE Carolina Place, N. Shoemaker Washington D. C.
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 4 Deep 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED LIST STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or country) (Stete) REMOVAL (Specify) Burial 3. BUNKAL DRECTOR LAST STANT ALCOHOLOGY 22d. LOCATION (City, town, or country) Suicide Mashington Chief MEDICAL EXAMINER DATE SIGNED Address (Street, city, town, or country) Suicide Mashington 24e. REC'D BY REGISTRAR L 24b. ARGISTRAR'S SIGNATURE Lank Guigar Clark E. Wishby Georgia Aue. FEB 27 1961	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. (c) Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE LISON GLANDING DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or country) Congressional Cemetery 22d. LOCATION (City, town, or country) Congressional Cemetery Washington, D. C. Congressional Cemetery Washington, D. C. Congressional Cemetery 24e. REC'D BY REGISTRAR 24b. ARGISTRAR SSIGNATURE Lank G. Wigney Clark E. Wigney Georgia Ave. FEB 27 1961	PRIMARY Or CONTRIBUTING	
death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE	Hour e.m. While Not While	
EXAMINER'S Belden Reap Silvery pring. Md. Address (Street, city, town, or country) 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial 7eb 24, 1967 Congressional Cemetery Washington, D. 3. EUNERAL DIRECTOR Clark E. Wissoft Georgia Ave. FEB 27 1967	death resulted from: Natural causes Accident . S	CHIEF MEDICAL EXAMINER DATE SIGNED
REMOVAL (Specify) Burial Jeb 24, 1967 Congressional Cemetery Washington, D. C 3. HINERAL DIRECTOR Clark E. Wissiph Georgia Ave. FEB 27 1967 FIB 27 1967	NAME (Type) Belden Reap Silver Spring	Address (Street, city, town, or county)
Clark of Wisar lark (. Wissoft Georgia Ave. FEB 27 1967 flances from	REMOVAL (Specify) Burial 7eb 24, 1967 Congressiona	al Cemetery Washington, D. C.
	Clark on Wisar lark (Wissoff George	Ave. FEB 27 1967 FLORE PRESIDENT LA PROBLEM SIGNATURE

TIMES SENASS FOR THE Carlotte Carlotte Telling (A. Street)

	MARYLAND STATE DEPARTMENT OF HEALTH
	12456
7 1	D2463 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution, Rasidence before edmission)
$\langle 1 \rangle$	S. COUNTY MONTGOMERY MARYLAND S. STATE M. B. COUNTY MONT,
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
70	Suburban 11702 Then Road YES NO DE
3.	NAME OF DECEASED (Type or print) (Type or prin
5.	SEY I COLOR OF THE THE STATE OF
	WIDOWED DIVORCED 1/8. DATE OF BIRTH WIDOWED 1/8. D
10.	. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or loreign pountry) 12. CITIZEN OF WHAT COUNTRY
ok	the during most of working life, even if refired) to me most of working life, even if refired)
13.	FACTOR'S NAME 14. MOTRER'S MAIDEN NAME
	Charence Jauls VERNIE 1 OEDECK
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unkown) (Ifyesgivewerordelesofservice)
_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)
	PART I. DEATH WAS CAUSED BY:
18 8	1201 DUE TO DUE TO
	Conditions, if ony, which (oronary Occlusion 4 well
	gave rise to immediate ceuse (a), steting the underlying DUE TO
	cause last. (c)
2 NOT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
9 5	YES NO X
CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
- 14	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) (State)
MEDICA	Hour e.m. While Not While factory, street, office bldg., etc.)
-	21. I certify that (I) (this hospital) attended the deceased from 8-10-10, 1261, to 2-24, 19.67, that (I) (we) last
	saw the deceased alive on2-23196.7, and that death occurred at 192.AM, from the causes and on the date stated above
777.	22a. SIGNATURE 27b. DATE SIGNED. STAFF SIGNED
	PHYS. DIRECTOR PHYS. 2/24/67
1	PHYSICIAN'S NAME (Type) W. G. Hall Rockville, Md.
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
0	REMOVAL Specify 2-27-67 Laytonsville Laytonsville, Mont. Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
/	Francis H. Barber Laytonsville, Md. DATE FEB 28 1967 Charles Judge

M. C. Hall

1 12 1-57 L. 12-57

Rockville, Mr.

Lettonsville, Mont. Md.

efficient ville Francis H. Barner Laytonaville, Md.

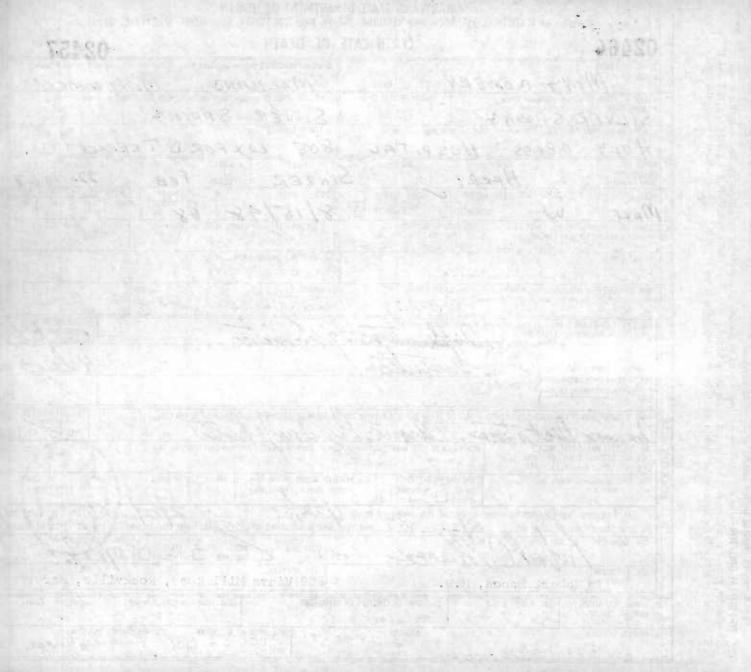
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funeral I and I ter death	PLACE OF DEATH O. COUNTY	PONT BO	MERY MAR	CYLAND O. STATE ARY	b. COL	utian: Residence befare odmission) UNTY ANT COMERY
n by the s. Pages haurs af	yvrite RURAL ar	(If autside carparate limits and give nearest tawn)	THE RESERVE OF THE PERSON OF		utside carparate limits, write R	15-1
lled in bappers.		TAL OR INSTITUTION (If no	t in haspital, give street address)	d. STREET AOORESS	STATE OF THE STATE	e. IS RESIOENCE ON A FARM?
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carban carban eent, wit	3. NAME OF DECEASED (Type or print)	H	ARRY	SINGER	OF DEATH FEB	22 1967
and campletely remave carbar in anyevent, wi	S. SEX MALF	6. COLOR OR RACE	7. MARRIEO NEVER MARRII WIDOWED OIVORCI	- 1 -/	9. AGE (In years last birthday)	Manths Oays Haurs Min.
ician and lease ren and in ar	10a. USUAL OCCUPATIO	ON (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
S 0	13. FATHER'S NAME	EMPLOYE	NGER	14. MOTHER'S MAIDEN	NAME \	
attending permit. Th an, or remo	1S. WAS DECEASED EV	/ER IN U.S. ARMEO FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT CLARA SING	Add EK SAM	iress EAS 2)
signed by the burial-transit p burial, cremati	PART I. DE 5 4 Conditions, if an rise ta immedia stating the und last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE y, which gave etlying cause DUE	TO Pastulis	of Vonis	tro	INTERVAL BETWEEN ONSET AND MATH
ertificate has been ted far use as the t. of Health prior ta	200. ACCIDENT WOOD OR CONTRIBUTION (IF FITHER NOTIF	SIGNIFICANT CONDITIONS CO	no. / Minu	ELATEO TO THE TERMINAL DISEASE OF COCCURRED (Enter nature of proper in	Part I ar Part II af item 18.)	19. WAS AUTOPSY PERFORMED YES NO
(fter this cert) be detached State Dept. o	Hour o	JURY Month, Oay, Year o.m. 19	20d. INJURY OCCURREO While Not While at wark at wark	20e. PLACE OF INJURY (Hame, far foctory, street, office bldg., et		(Caunty) (State)
CTOR: Afte shauld be ith the Sta	21. I cer saw the	tify that (1) (this has deceased alive an_	nital) attemded the decease	d fram 1/28/67, and that death accurred a	19, ta 2/2 at 1005 A M, fram lause	s and an the date stated abave.
	22a. SIGNATUR	1 othar	Macon	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
ERAL C	22c. PHYSICIAN NAME (Typ	e) Robert Mac				ockville, Maryland
To FUNERAL DIRE	23a BURIAL, CREMA REMOVAL (Speci	(Y) 2-24	-67 GEO.W.	METERY OR CREMATORY	23d. LOCATION (City of	ILLE MD.
VR A15 (4) . (2) M 1/66	24. FUNERAL DIRECT	FUNERAL	HOME OF	7 - 9 Th DATE	EBY REGISTRAR 1967 2Sb.	REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02466

CERTIFICATE OF DEATH

02459

		CNIO					
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)					
	county Montanmery MARYLAND	a. STATE Maruland b. COUNTY Montannor.					
	CITY OR TOWN (If autside priparate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give newest town)					
	write RILRAL and give nearest town) 12 days	Silver Samon 15-1					
-	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
	Holy Cross Nospital	10019 Reddick Drive YES NOE					
	NAME OF First Middle	Last 4. DATE Month Day Year					
-	Type or print) Dorothy Virginia	SMITH DEATH Tebruary 9 1967					
		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. IF UNDER 24					
4	emale white widowed Divorced XI	Oct. 19,1917 49 yrs					
	USUAL OCCUPATION (Give kind of work dane not of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT COUNTRY?					
1	ng most of working life even if retired) Stice of Peace & Clerk Mont. County Po.						
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Glenn E. Jeenen	Amelia Hutchison					
S.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.						
(Ye		nald Smith Silver Spring, Maryland					
7	18. CAUSE OF DEATH (Enter only one cause per line far (q), (b), and (c).)	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	ONSE AND DEATH					
	I I I I I I I I I I I I I I I I I I I	10 agus					
	Canditions, if ony, which gove)	Files Zanic					
	rise to immediate cause (a)	Janua Jang J					
	stoting the underlying couse last. (c) Heart desease:	coronary 2-3715					
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
2		PERFORMED?					
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Part II of item 18.)					
ER	OR CONTRIBUTING CAUSE OF SEATH	tends notice at mighty in rain tan rain to ment to.					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	(CE OF INJURY (Hame, farm. 20f. (City or town) (Caunty) (State)					
MEDICAL	Haur a.m. While While fact	ICE OF INJURY (Hame, farm, tory, steet, affice bldg., etc.) (City or town) (Caunty) (State)					
	p.m. 19 atwork atwark						
1	21. I certify that (1) (this hospital) attended the deceased from						
	saw the deceased alive an 8 Feb 1967, and that death accurred at 534 M, from causes and an the date stoted above						
ì	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED					
	Merley L. White M.D. M.	D. PHYS. DIRECTOR PHYS. 1770661					
	22c. PHYSICIAN'S	22d. ADDRESS					
	NAME (Type) Merton L. White	19911 Georgia Avesilver spring					
30	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Tawn) (Caunty) (State)					
	Burial (Specify) Geb 13, 1967 St. John's (emetery Gorest Glen. Maryland					
24	FLINERAL DIRECTOR DANGE OF ADDRESS 9	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE					
6	Glen Carter Glan Carles 8434 Georgio Au	My DEEB 16 1967 yoursely yuage					

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the fur director, page 3 should be detoched for use as the burial-tronsit permit. Then pleose remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after Page 4 may be retoined by the hospital or ottending physician.

VR A15 (4) 25M 1/67

10 300 42 32 The State of Peters E.C. and Child Children College Control of the State of the Sta material story of the story of the story of the story of the story of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02467 CERTIFICATE OF DEATH funerol 1 ond 2 death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY ompletely filled in by the fur ve corbon popers. Poges 1 event, within 72 haurs after b. CITY OR TOWN (Ill autside carparate limits, MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest fawn) dayo kama Park Washington D. C d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2101 NO X YES NAME OF fremove corbon First DATE Manth Day Year DECEASED OF 1967 Smil (Type or print) DEATH ottie IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthdoy) Months Dovs 7-27-80 DIVORCED 8 GYIS WIDOWED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? - Union Trus Refired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addrass (Yes, no, or unknown) (If yes give war ar dates af service cremation, or 579-12-8832 No 18. CAUSE OF DEATH (Enter anly ane cause per life for (a), (b), and (c).),
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) 332X DUF TO burial. Canditians, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying cause by the haspitol or attending priar to as the last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? has NO X YES certificote for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Haur o.m. Nat While factory, street, affice blda, etc.) of wark at work 21. I certify that (I) (this haspital), attended the deceased from to 2 O HOSPITAL OR ATTEND Page 4 moy be retoined 720AM, fram causes and an the date stated above. 19 67, and that death accurred of FUNERAL DIRECTOR: sow the deceased alive on, 22b. DATE SIGNED 22g. SIGNATURE ATTENDING M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) 2.9.67 Rock Creek Cemetery ashington D C. 0 25b, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Lee Funeral "ome. 300.4th st N DATE

13920 02460 .O. C. mutanessay, Violence, Money Moon, b. V. C. S. Maline Las France Come. 300. Xth sh N S.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02468 CERTIFICATE OF DEATH ond 2 death. be executed within 24 hours after death. and completely filled in by the funeral remove corbon papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND ve corbon papers. Poges 1 event, within 72 hours ofter b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest/fown) IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? NO V YES 3. NAME OF Middle DATE First Doy Year DECEASED
(Type or print) 70 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Months Dovs Hours STOWORKEDITE WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. opunknown) (If yes give wor or dates of service 0 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH NTRICVLAR IMMEDIATE CAUSE (o) be retained by the hospital or ottending physician. DUE TO signed t Conditions, if ony, which gove RDIOUMSOULAR rise to immediate couse (a). -DUE TO AND stating the underlying couse os the prior to this certificate has been VANNOWA lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Heolth p NO YES for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched f te Dept. of l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 17 FEBRUSEY 19 67, to ZUFERENTY 1967, that (1) (we) last should saw the deceased glive an 20 Freevaker 19 67, and that death occurred at 200 M, fram couses and on the dote stoted obove. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) ROCKVILL CALDWELL IND ENLY BLUC director, should be 23a. BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 28d: LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE DATE

STATE FOR HEALTH DEPT. TO DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Uneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. (Mr. pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH 22 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12409

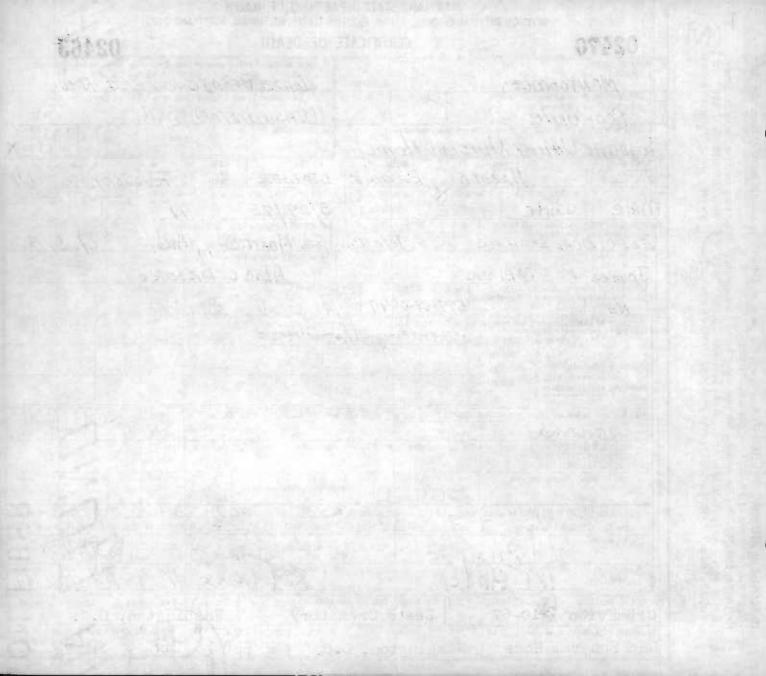
-	tom U ka m GAXE	5/5/5' mb					
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a, STATE b. COUNTY					
	Montgomery MARYLAND	Maryland Montgomery					
	b. CITY OR TOWN (If outside corporate limits, or the RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)					
L	Olney 2 hrs.	Sandy Spring					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	Montgomery General Hospital	1/621 Norwood Road YES NO					
3.	DECEASED	Lest 4. DATE Month Dey Year					
	(Type or print) Worthington none	Smith DEATH Feb. 26 1967					
5.		8. DATE OF BIRTH 12-8-99 9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min.					
	ate MIDOMED DIVOKCED	утв.					
10 du	DE USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	FBI agent Federal Gov't.	Maryland USA					
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Simon O. Smith	Evelyn Johnson					
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
		ospital records- Montgomery General					
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: Coute Coronory Smarl Viciency						
	4201 DUE TO (C).						
	conditions, if any, which (b) Privale (Villey Noar & Suseast						
1	gave rise to immediate causa (e), steting the DUE TO						
	underlying couse last. (c)	0					
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
CERTIFICATION		YES NO N					
H	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
SE	CAUSE OF DEATH.						
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
WEDICAL	Hour a.m. p.m. 19 While Not While factor factor while factor factor while while factor while w	ry, street, office bldg., etc.)					
2	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and In my opinion						
		cide . Homicide . Undetermined manner					
	16 10 13	CHIEF MEDICAL EXAMINER					
Н	ACTUAL Noleven K. Look 1.	ASSISTANT MEDICAL EXAMINER 7 22. DATE SIGNED					
	SIGNATURE COLCERCY () Jerry	DEPUTA DEDICAL EXAMINER X					
	RAMINER'S Belden R. Reap, M. D.	Address (Street, city, town, or county)					
23	a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
	REMOVAL (Specify) Burial 3/2/67 Lincoln Pa	rk Rockville, Ma.					
2	4. FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	Rockville, Mc	. DATE FEB 28 1967 Icharles Judge					
1							

02462 grown durables Take the second and the first of the factor of C26/1/30/8 8/18/2/1967 the transfer of the contract o **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after de**6**th. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal end in any event, within 72 haurs after death

> VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02470		CERTIFICAT	E OF DEATH		02463	
1. PLACE OF DEATH a. COUNTY MO	NTGOMERY	MARYLAND	0. STATE 6/23 1	Where deceosed lived, if institution: Re BROAD BRANCHER	N.W.	
write RURAL of	(If outside carporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16 hospitol, give street odd/ess)	2	utside corporate limits, write RURAL on	d give nearest town)	
POTOMA	· VALLEY N	URSING HOME	d. SIREET ADDRESS		ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	HAR	OLD BROOKE	STABLER	4. DATE Month OF FEBRUAR	Doy Year 284 10 19 107	
5. SEX MALE	1 . 3	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 3/29/75		NDER 1 YEAR IF UNDER 24 HRS.	
during most of working	N (Give kind of work done life, even if refired) ICAL ENGINEE	10b. KIND OF BUSINESS OR INDUSTRY CAP Tele. Co	SAY MONT	& Stote, or foreign country), Cy, Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James			14. MOTHER'S MAIDEN ALIC	0		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	577-01-0697	Hospital	RECORDS		
1B. CAUSE OF I PART I. DE	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line (of)(o), (b), ond (c).)	vanlosis		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if on rise to immedia stating the und last.	te couse (o), (b)					
PART II. OTHER S	IGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
OR CONTRIBUTING	S UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port 1 or Port II of item 1B.)		
Hour o	URY Month, Doy, Yeor m. 19		LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (Stote)	
saw the c	leceased alive on	al) attended the deceased fram_ 2 - 319 6 Z, and th	at death accurred at	1902, to $a - 10$, 2 M , from causes and C	19 <u>67,</u> that (I) (we) last an the dote stated above	
22o. SIGNATURE	XXXIII	Ay 1	M.D. ATTENDING PHYS.	MED. STAFF 22.	DATE SIGNED	
22c. PHYSICIAN' NAME (Typ) 0 6	244	22d. ADDRESS	leirs Mill	Ad Rockvill	
C PEMOVAL SECTION	bn 2+10-67	Lee's Cre	matory		(County) (Stote) D.C.	
24. FUNERAL DIRECT		ADDRESS		A CONTRACTOR (VI)	liances Judge	
Lee run	eral Home	Washington, I	O. DATE	FEB 14 1967	10	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02471 death requires that the death certificate be executed within 24 haurs after death domptetely filled in by the funeral love carbon papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY a. STATE b. COUNTY papers. Pages I hin 72 haurs after MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town rp 17 P d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ubus NO X and in any event, within ban YES NAME OF Middle 4. DATE Last Manth Day Year DECEASED (Type or print) Druale 196 DEATH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years remove last birthday) Manths Days Haurs WIDOWED DIVORCED the attending physician and sit permit. Then please rem 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retiged) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO 17. INFORMAN' (Yes, na, ar unknawn) ((If yes give war ar dates af service) 216-10-1098 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) physician. DUE TO signed l Canditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending as the prior to this certificate has been last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached to shauld be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) Haur a.m. Not While factory, street, affice blda., etc.) at work at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 3 shauld , and that death accurred at 2 M, fram causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (Caumiv) (State)

Gaithersburg.

2So. REC'D 8Y REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66 FUNERAL DIRECTOR

1/19/3 (0.7) The second second second

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02472 ap 2 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. in by the funeral rs. Pages I and havrs after death I. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MONTGOMERY MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) KENSINGTON SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 SYLVAN MANOR HEALTH CARE CENTER W 9701 BEXHILL DRIVE YES . NO -3. NAME OF pan First Middle Last 4. OATE Year Day DECEASEO MARY FEBRUARY 11 (Type or print) ISABELLA STAUBER 67 DEATH car AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) FEMALE CAUCASIAN WIDOWED XX DIVORCED DEC. 2. 1867 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT HONE MAKER even if retired) T HOME **COUNTRY?** MISSOURI USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, WILLIAM MARION BRUNER ELIZABETH BRYAN 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes give war ar dates of service) BENJAMIN R. STAUBER, SON, SAME AS INTERVAL BETWEEN 1B. CAUSE OF OEATH (Enter only one cause per line for a he preumonia signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO as the stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES certificate PHYSICIAN: D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. foctory street, office bldg., etc.) Nat While at work 21. I certify that (I) (this hospital) aftended the deceased fram. Page 4 may be retained DIRECTOR: , and that death accurred at HOM, from causes and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATUR FEB. 11, 1967 DIRECTOR 22d. ADDRESS TO FUNERAL THIBADEAU, M.D. NAME (Type) ROBERT 11000 Old Georgetown Rd., Rockville, Md 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Burial (Specify) PALOUSE, WASHINGTON PALOUSE CEMETERY 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 WASH., D.C. JOSEPH GAWLER'S SONS. INC.

MARYLAND STATE DEPARTMENT OF HEALTH

BIOR TA COUNTY COUNTY SINCE

II BAUGHT MA RESULTS

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Miles and point medicine was a series of the to Address T. THIBERS I. D. . 11000 Old Hooseston Rd., Roomellis, The

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death was sured that the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02473 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral 1 and 2 rer death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY ompletely filled in by the fur we carban papers. Pages 1 event, within 72 haurs after b. CITY ar lawn (it outside carparate limits, MARYLAND Maryland Iontgomery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give neorest town) Takoma Park 70 days IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS and completely filled 16510 Emory Lane YES NO F Washington Sanitarium and Hosnital 3. NAME OF 4. DATE First Lost Month Doy Year DECEASED (Type or print) Steelman DEATH 1957 February Mrs. Marv Renner 9. AGE (In years last birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE irrany eve 7. MARRIED B. DATE OF BIRTH NEVER MARRIED Months Dovs Hours WIDOWED DIVORCED 5-21-07 white female 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) attending physician a permit. Then please ian, ar remaval, and in during most of working life, even if retired) **INDUSTRY** COUNTRY? Pennsylvania Housewife
13. FATHER'S NAME America 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Helen Twiss John Curry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Patient's chart INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the haspital or attending physician. **DUE TO** Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse as the priar tal WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? be detached far use State Dept. af Health YES NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) **DIRECTOR:** After this foctory, street, office bldg., etc.) Not While of work OR ATTENDING ot work 21. I certify that (1) (this hospital) attended the deceased from Felon 4 1967, to the , 1967, that (1) (we) last be retained 1967, and that death accurred at 6 saw the deceased alive an teler. 22 M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR director, page shauld be filed 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S O FUNERAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION 23b. DATE THEREOF LOCATION (CRV or Town) REMOVAL (Specify) es. Auch . Eloncelere 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25d. REC'D BY REGISTRAN VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02474 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY Montgomery South Carolina MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

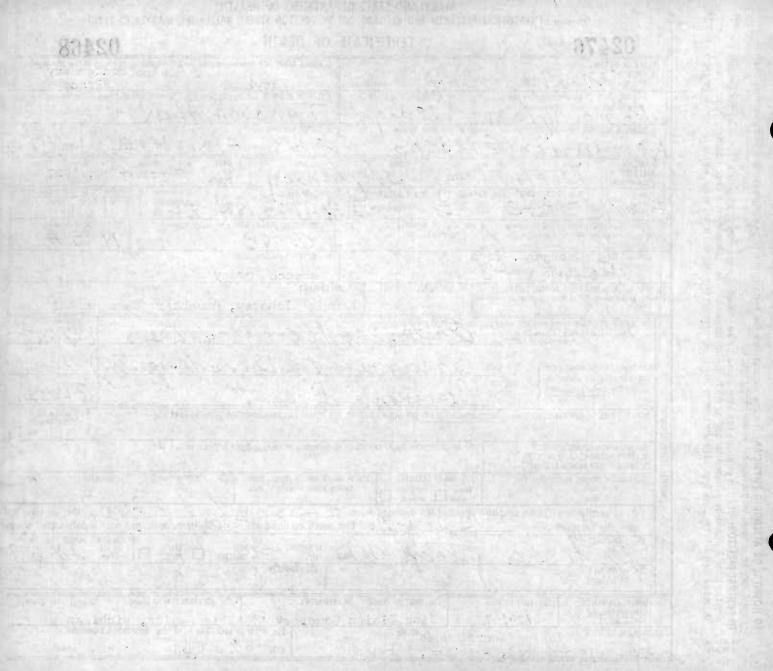
Bethesda(rural) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 days Charleston d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊑ IS RESIDENCE ON A FARM? d. STREET ADDRESS 114 E Ben Tillman Homes Naval Hospital YES NO X 3. NAME OF Middle Lost 4. DATE by the ottending physician ond completely tronsit permit. Then please remove carbon cremation, or removal, and in any event, wit Year DECEASED Faith Stelly Marie (Type or print) DEATH February NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED lost birthday) Months Doys Hours Nov.25,1966 Female Cauc. WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)
Louisiana
Opelousas, South Carol 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Floyd Joseph Selly Stelly Betty Jane Fontenot IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 114 E Ben Afterlman Homes (Yes, no or unknown) (If yes give wor or dotes of service) NONE Floyd J.Stelly Charleston, S.C. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Massive subarachnoid hemorrhage, brain stem INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retained by the hospitol or attending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Congenital heart disease YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased fram Feb.25 saw the deceased alive an Feb.28 19 $\overline{67}$, and that death accurrence. , 19 67, ta Feb 28 . 19.67, that (1) (we) last 1967, and that death accurred at 3:50AM, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. March 1,1967 X M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Naval Hospital, Bethesda, Md. NAME (Type) A. E. Tompkins. M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
Burial /1967 Burial -Transit Port Barre, Louisiana 24. FUNERAL DIRECTOR Robert A. Pumphrey FURE al Home VR A15 (4) 25M 1/67 7557 Wisconsin Ave., Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE The law requires that the death certificate be executed within 24 hours after death. and funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY /SonfamERy STATE Jon tromERY MARYLAND hours after filled in by the Pages CITY OR TOWN (If autside conorate limits, write, RIRA) and give nearest tawn) c. CITY OR JOWN (If autside carparate limits, write RURAL and give nearest tawer c. LENGTH OF STAY IN 1b remave carbon papers. in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? ambler YES NO NAME OF First Middle 4. DATE Year DECEASED OF DEATH sheNSON 196 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED birthday) Manths Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR CO. 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even it retired) COUNTRY 2 Library 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME transit permit. There crematian, ar removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED TO COLOR (Yes, np., or unknown) ((If yes give wor or dates of service) 578-28-5419 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Carcinomatosis IMMEDIATE CAUSE (o) signed by DUE TO burial Conditions, if ony, which gove Due to carcinoma, left breast rise ta immediate cause (a), DUF TO stoting the underlying couse as the this certificate has been State Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) Nat While factory, street, affice bldg., etc.) 'O FUNERAL DIRECTOR: After at work at wark retained by 21. I certify that (1) (this hospital) attended the deceased from and 1958, ta 2 - 2 1967, that (1) (we) last 1967, and that death occurred at 1361 2 M, fram causes and on the date stated obove. sow the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 2-3-67 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) SARAH E. GLOVER 10128 ensinclos 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Rockville, Maryland 2-6-67 Parklawn Cemetery 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 ROBERT ianella udge PUMPHREY, Bethesda, Maryland

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deoth c tending rmit. TI , or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT urie Fluharty,	Address	ame as # 2	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after deoth Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician the completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Charmina	1 Carcino	matosis	INTERVAL ONSET AN	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospitol or ottending physicion. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. (b)	Carcinonia	Broast	s (suspec	(ed) 47	us.
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NG PHY the here this contents the detect th	Hour o.m.		E OF INJURY (Home, form, ry, street, office bldg., etc.)	Of. (City or town)	(County)	(Stote)
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OR AT OR AT DIRECT Se 3 sh ed with	220. SIGNATURE Seng	stack nom.		OR STAFF PHYS.	22b. DATE SIGNED	-67
SPITAL 4 may IERAL I or, poo d be fil	22/ PHYSICIAN'S NAME (Type)		22d. ADDRESS			/
For Funding Page of Funding Pa	230. BURIAL, (REMATION, REMOVAL (Specify) 2/24/67	23c. NAME OF CEMETERY OR C	Cemetery E	LOCATION (City or Town) Big Rapids	Michigan	(Stote)
VR A15 (4) . 20 M 1/66	24. FUNERAL DIRECTOR Wilhelm Funera 4308 Suitland Road, Su		DATE EB 2		rar's signature	u.



e. IS RESIDENCE ON A FARM? YES

1967

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

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(State)

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12. CITIZEN OF WHAT

19.

(County)

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VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0247 **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death and funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY tely filled in by the fune rban papers. Pages 1 c , within 72 hours after d Montgomer ontdomer MARYLAND b. CITY OR TOWN (If autside Parate limits c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) write RURAL and give nearest tawn) Koma 1 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM filled Koad 00 303 NO carban NAME OF DATE Year DECEASED 0F IONE br 19 0 (Type or print DEATH DATE OF BIRTH AGE (In years UNDER 24 HRS. MARRIED. NEVER MARRIED last_birthday) Months Feb. 3 Days Haurs WIDOWED DIVORCED and an aby 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mest of warking life, even if retired INDUSTRY COUNTRY? 13. FATHER'S NAME crematian, or remayal, attending phy permit. Then STONE 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, arunknawn) (If yes give war ar dates at service 303 Hill+ CAUSE OF DEATH (Enter only one cause per line for (a) INTERVAL BETWEEN -transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO TATION-Aspiration burial. burial 0 Canditians, if any, which gave (b) rise to immediate cause (a). DUE TO RKINSONS DISEASE tar use as the l Health priar tak stating the underlying cause last has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? erosis NO certificate YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg., etc.) at work at wark 21. I certify that (I) (this hospital) attended the deceased from and thandeath occurred at 6:13 M, from causes and an the date stated above DIRECTOR: saw the deceased alive an 22g. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS director, page should be filed 7600 Carro 22c. PHYSICIAN'S Page 4 may O FUNERAL NAME (Type) Tar 23a. BURIAL, CREMATION 23d_LOCATION (City or Town) (County) (State)

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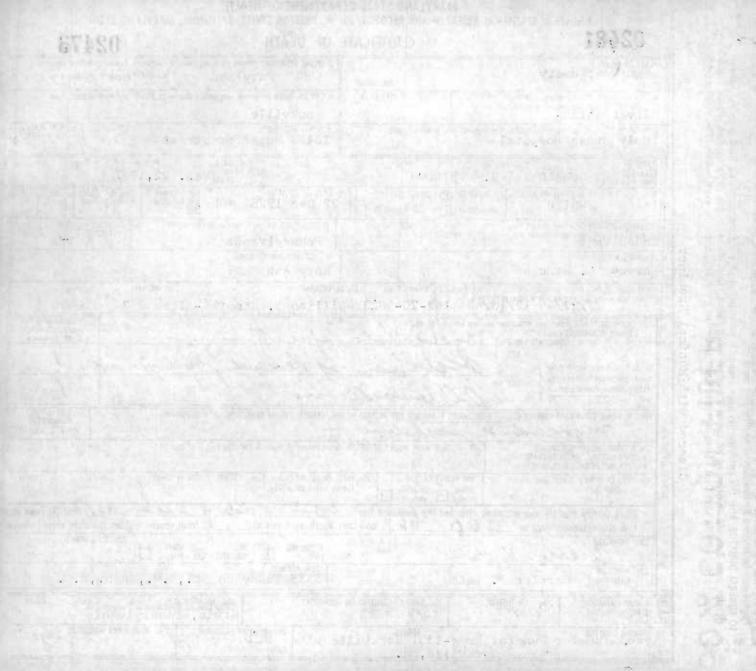
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02481 CERTIFICATE OF DEATH be executed within 24 haurs after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral popers. Pages 1 and 1. PLACE OF DEATH a. COUNTY Montgomery o. STATE b. COUNTY Montgomery Maryland MARYLAND popers. Pages 1 in 72 haurs after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits. Silver Spring Rockville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 13129 Superior Street Holy Cross Hospital NO. event, within remove corbon 3. NAME OF Middle 4. DATE Year First Lost DEATH Feb. 22, 1967 DECEASED DONALD R. STOUGH 19 IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE X DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Hours 22 Dec 1928 fale White and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY ? INDUSTRY the attending physician sit permit. Then please USA Pennsylvania requires that the death certificate PL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, Examin Harvey C. Stough Mary Ann 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give, war ar dates of 12/1 0 162-20-4023 Lillian P. Stough - Item # 2 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-tronsit Medica ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lomm IMMEDIATE CAUSE (a) signed by physician. DUF TO buriol Canditians, if ony, which gave rise to immediate cause (a). DUF TO stating the underlying cause as the prior ta be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use eared NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER CI 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at work ot wark , 1966 , ta , 1967, that (I) (was) last 21. I certify that (1) (this hospital) attended the deceased fram. should 1967, and that death accurred at 8357M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22g. SIGNATURE DIRECTOR PHYS. M.D. director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S 3335 Tennyson St., N.W., Wash., D.C. Charles V. Pate NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 2/26/67 Burial (Specify) Brush Creek Erwin, Pennsylvania 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR
Tyson Wheeler Funeral Home-1331 Rockville Pike VR A15 (4) 20 M 1/66 Rockville Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02482 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) or removal, ond in any event, within 72 hours ofter deat PLACE OF DEATH b. COUNTY Montgomery physician ond completely filled in by the fune en please remove carbon papers. Pages 1 ar o. COUNTY Montgomery Maryland MARYLAND The low requires that the death certificate be executed within 24 hours ofter c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corparate limits. write RURAL and give nearest tawn) Chevy Chase 40 years Chevy Chase ottending physician ond completely tilled in sermit. Then please remove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4111 Woodbine Street 4111 Woodbine Street NO T YES | 3. NAME OF Middle 4. DATE Manth Day Year DECEASED STRAUSBAUGH W. Feb. 19 67 Nevin DEATH (Type or print) IF UNDER 1 YEAR S SEX 6. COLOR OR RACE X DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthday) Manths July 29,1890 Days White Male WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Probf-reader-Evening Star Paper S. Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary A. Treadway George B. Strausbaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Address 15. WAS DECEASED EVER IN U.S. AKMED FORCES:
(Yes, na, or unknown) (If yes give war or dates af service) 78–10–2205 Same as Item 2. Evelyn Strausbaugh No burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) the hospital or ottending physicion. arcinomatosis Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been for use os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TARMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO S 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) Nat While foctory, street, office bldg., etc.) Hour a.m. at wark Poge 4 may be retoined by 21. I certify that (1) (this hospital) attended the deceased from. 19 Q. to deta-1960 , and that death occurred at 11-4 M, from couses and on the date stated above. saw the deceased olive on_ 22b. DATE SIGNED 22a. SIGNAT ATTENDING 2-8-67 DIRECTOR PHYS. director, poge should be filed 22c. PHYSICIAN 22d. ADDRESS 4740 Chevy Chase Drive GRA GEORGE NAME (Type Bethesda, Maryland 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. BATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) Cremation Cedar Hill Crematory Suitland, Maryland 2-9-67 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). o. COUNTY Montgomery o. STATE b. COUNTY delay is and 3 to PM3. Page of MARYLAND Tand 2 with the State Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ethesolo d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS ON A FARM? pencil in tem 18. Give Pages 1, camifet's Office along with farm 25 5201 COMI Institute of NO X This certificate shauld be executed within 24 hours after death. NAME OF Lost 4 DATE Year Doy DECEASED Swer-ling (Type or print) 5 DEATH 19 6 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs haurs after death WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote 12. CITIZEN OF WHAT COUNTRY? U.S. during most of working life, even if retired) **INDUSTRY** pages crut 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME farwarded to the Chief Medical Exami Unknown Unknown permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT event within 72 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service "pending" 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN Carbon Monoxide burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the ward DUE TO any Conditions, if ony, which gove (b) rise to immediate couse (o). _ DUE TO stoting the underlying couse D. and last WAS AUTOPS) PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 3 shauld shauld t a Inhaled Whust MEDICAL EXAMINER: CAUSE OF DEATH crematian, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office blda., etc.) While of work Not While Bethesda may be retained far your FUNERAL DIRECTOR: Page 196/ Montaganeri Page ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Suicide X the funeral directar. deoth resulted from: Notural couses . Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED M.D. prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) John G. Ball, M.D. Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23C NAME OF CEMETERY OR CREMATORY C 23d. LOCATION (City or Town) (Stote) (County) 50 REMOVAL (Specify) CANAD 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

CONTRACTOR OF THE PROPERTY OF 02475 STORY THE STORY Bething a state of the state of Authority Test toky of Health 2001 Company 13 Tree Sweeting 120 24 - Capilla 4 - X The Court Hand Managard Parallely I all the state of the best of the towns of the second for the second the second X X X or more than the standard 8 2/2/107 John A. Forle FEB 2/8 1967 274-06 9-46

Film 387 4-2MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02484 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02476FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission b. COMPTONTGOMERY o. COUNTY delay is and 3 ta Page of ONTGOMER MARYLAND State Department c. CITY OR TOWN 11f outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 M3. write RURAL and give nearest town) SPRING SILVER d. STREET ADDRESS ON A FARM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) alang with farm LOX FORD 1003 IERR. YES NO in Item 18. Give Pages certificate shauld be executed within 24 haurs after death. NAME OF Middle DATE Lost Month Doy Year DECEASED OF 67 ARNOVE EONARD (Type or print) DEATH 19 Jand 2 with S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER UNDER 24 HRS 7. MARRIED 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Doys Hours after death. WIDOWED DIVORCED 5-2 YIS Office 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY DP INEn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME haurs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? .⊆ u 16. SOCIAL SECURITY NO. 17. INFORMANT Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) 150-07-5726 "pending" event within Goldstein Leonard 05 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute coronary insufficiency IMMEDIATE CAUSE (o) writing the ward DUE TO in any Conditions, if ony, which gove Coronary artery heart disease rise to immediate couse (a), farwarded ta DUE TO stoting the underlying couse 0 pup last OS used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remaval, CERTIFICATION This NO the certificate, be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING shauld 0 MEDICAL EXAMINER: CAUSE OF DEATH files. crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Vaur Hour o.m. Not While DIRECTOR: Page Page at work please execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X for Inquiry X ond in my opinion Natural causes death resulted fro Undetermined manner funeral directar. Suicide Homicide be retained TO FUNERAL DIRE
Health priar to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL FYAMINER necessary, EXAMINER'S -T NAME (Type) 23c. NAME OF REMETERY OR CREMATORY REMOVAL (Specify) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREO Molom-lalmud loxa REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bernard 3501-14th 24. FUNERAL DIRECTOR VR A15ME (5) St.NW, Wash. D.C. DATE FEB Milesula. and Sons 6M 1/67

520 South Washington St. Alexandria Va.

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR DATE

Arlington-National- Lee/

2Sb. REGISTRAR'S SIGNATURE Charles Judge

(County)

(Caunty)

e. IS RESIDENCE ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02486 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. COUNTY P.M.3. Page pages land 2 with the State Department of MARYLAND montamere delay and 3 t c. CITY OR JOWN HY outside carporote limits, write RURAL and give neorest (Il outside carparate limits c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Office along with form Hospital in Item 18. Give Pages NO SE YES NAME OF DATE Year DECEASED 1967 DEATH S. SEX IF UNDER NEVER MARRIED AGE (In years lost birthdoy) Months Doys 72 haurs after death. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Salzaman 71.512 pencil 13. FATHER'S NAME This certificate should be executed within J. Thom, Sr. Campbe 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Chief Medical 579-09-5919 event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrahge, intracerebral and sub-dural certificate, writing the ward 20 days DUE TO any Trauma and deceleration Conditions, if ony, which gove to rise to immediate couse (o), DUE TO 20 0243 stoting the underlying couse Automobile accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? remayal, YES 🗶 NO Broncho-pheumonia, bilateral, hypostatic 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 3 should PRIMARY SL or CONTRIBUTING Ran his car lead on into toock CAUSE OF DEATH. 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, Not While ot work lactory, street, ollice bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page of work Wheaton 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry X and in my opinion Accident X Undetermined manner death resulted fram: Natural causes Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BATIT Health Address (Street, city, town, or county) Bethesda. NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 Burial (Specify) 2-24-67 Gate of Heaven Cem. Silver Spring Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15ME (5) PUMPHREY, Bethesda, Maryland DATFEB 6M 1/67 1967 Mharela

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		b. CITY OR TO	WN (if	outside corp	orate limi	ts,	c. LEN	IGTH OF S	TAY IN 16	c.	CITY OR	TOWN	If outside co	orpore	te limits, wri				
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		18. CAUSE	OF DE	ATH [Enter	only one	cause per	line for (e), (b), end					1000001011				IIN	ERVAL BI	ETWEEN
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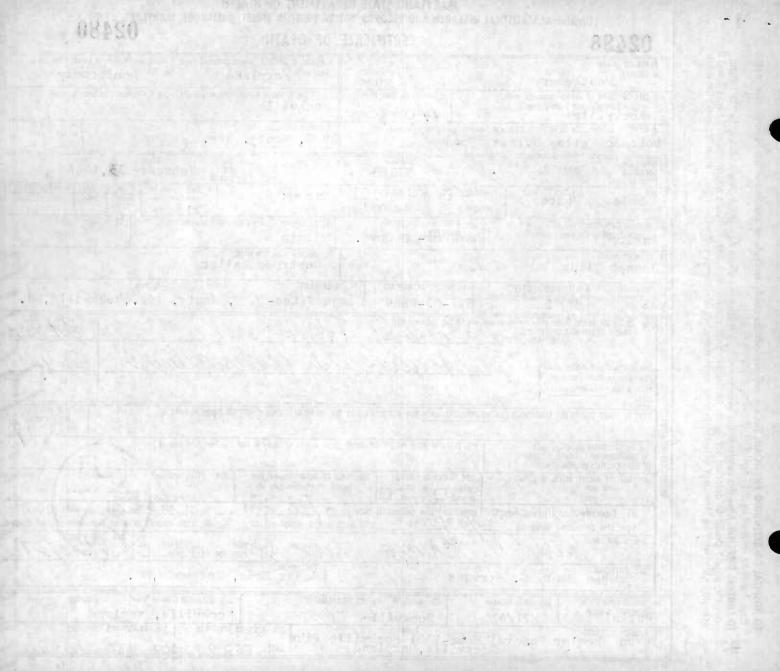
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Proncis H. Barber Lartonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02488 transit permit. Then pletse Tentove carbon papers. Pages 1 ond 2 cremation, or removol, ond incony event, within 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) requires that the death certificate be executed within 24 hours after death the funerol 1. PLACE OF DEATH o. STATE Maryland b. COUNTMONtgomery a. COUNTY Montgomery MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. IENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS completely filled in 24 E. Montg. Ave. Apt Potomac Valley Nursing Home I NO Middle Lost 4. DATE 3. NAME OF First R. PAUL February 23, 1967 DECEASED TITUS (Type or print) DEATH S. SEX Male IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7. MARRIFD **NEVER MARRIED** lost birthdoy) DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign cauntry) COUNTRY ?TISA during most of warking life, even if retired) Gardner-US Govt. Virginia physicin 14. MOTHER'S MAIDEN NAME Gertrude Haller 13. FATHER'S NAME Joseph Titus 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) James Titus-24 E. Montg. Ave. Rockville, Md. 577-05-9869 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriof-transit p IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. **DUE TO** Canditians, if ony, which gove rise to immediate couse (o), **DUF TO** stating the underlying cause of Heolth prior to this certificate has been for use os the WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City ar town) (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from_ M, from couses and on the date stated above. saw the deceased alive on , and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR **ATTENDING** M.D. PHYS. PHYS director, page should be filed 22d. ADDRESS Cedar Lane, Bethesda, Md. 22c. PHYSICIAN'S Henry C. Scruggs NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION, BUTTAT (Specify) Rockville, Maryland 2/27/67 Rockville Tyson Wheeler Funeral Home-1331 Rockville Pike Rockville, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



1 1	Items 18-21 Film 387 3-2 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	02489 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02481	/
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before of	Imission)
ny delay is 2, ond 3 to PM3. Poge portment of	O. COUNTY MONTGOMERY MARYLAND O. STATE MY	5 Dares
dela nd 3 3. Pr	b. CITY OR TOWN (If outside apporate limits, write RURAL and give nearest to write RURAL and g	wn)
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ofter de 8. Give P along wi with the h.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I FUNDER I YEAR IF	UNDER 24 HRS.
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24 hours of in Item 18. set's Office a lond 2 w	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	1AT
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	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address	ZPHI.
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should be e ne word "per o the Chief I burial-transit	IMMEDIATE CAUSE (o)	
should e word the Ch ourial-tra	Conditions, if ony, which gove) (b) poisoning, smoke inhalation, and	
the shape of the s	rise to immediate couse (a). Stating the underlying couse DUE TO	
ficote ting 1 rded as 9 ond	losi. (c) acute pulmonary edema	
rwo rwo rwo vol,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA PER YES	S AUTOPSY REGRMED?
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MINER: T the certificates the should but files. or files.		
로 프랑트 No. 1	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. 20f. (City or town) (County) While Not While County of County o	(Stote)
EXAMINER: cute the certi oge 4 should r your files. Poge 3 shou cremotion, o	DI WORK O O WORK O O WORK O	Md.
MEDICAL EXAL pleose execute I director. Poge retoined for your or to buriol, crem		my opinion
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Me pleo dirreto DIR		DATE SIGNED
UTY ory, nero be be pric	EXAMINER'S D DEPUTY MEDICAL EXAMINER X	1917
TO DEPUTY MEDICAL EXAM necessory, pleose execute the funeral director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, cremo	NAME (Type) QE QE () COUNTY ()	(Stote)
10 the He	230. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (REMATIONY) 23d. LOCATION (City or Town) (County) PREMOVAL (Specify) 16/67 NATE: Mem TARK FALLS CALVES H. H.	2
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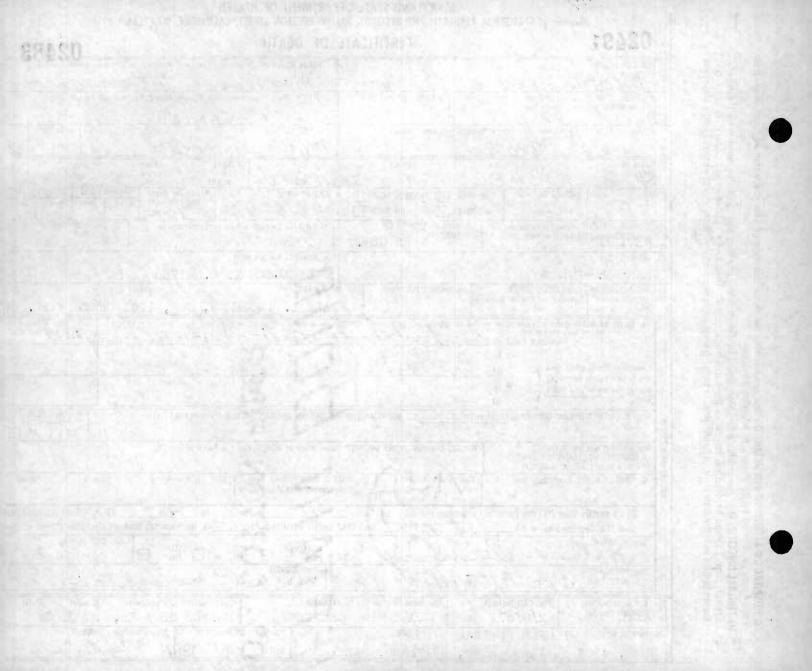
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02490 CERTIFICATE OF DEATH and 2 deoth. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Montgomery b. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

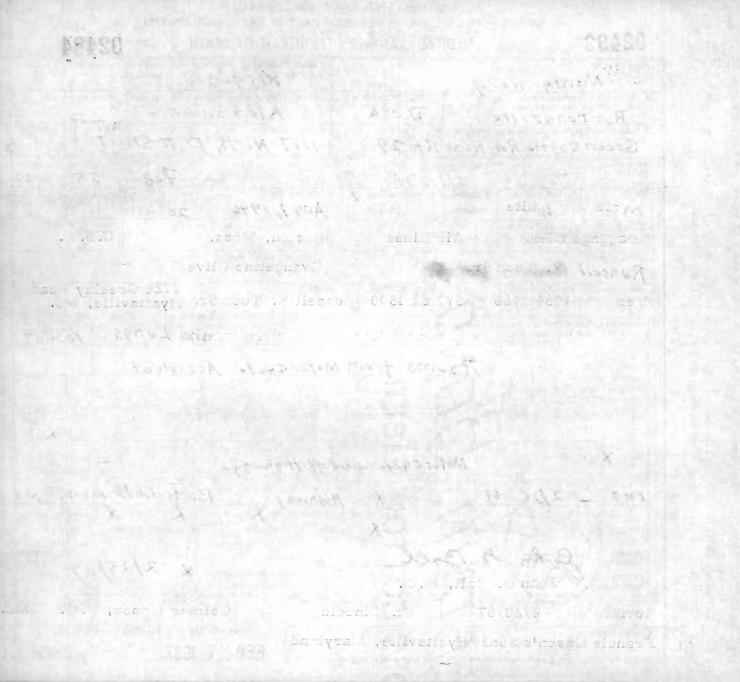
Bethesda c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) 72-hours 37 Days Kensington papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊑ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and completely filled remove carbon pape Naval Hospital 10225 Kensington Pkwy YES NO Y within 3. NAME OF First Middle Last 4. DATE Month Year Day DECEASED Tollis 18 19 67 February Maxine Arlen (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SFX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED X last birthday) Days ond in any June 18,1924 WIDOWED DIVORCED Female Cauc 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** physician Atlantic City, New Jersey
14. MOTHER'S MAIDEN NAME Secretary
13. FATHER'S NAME USA or removal, Helen Stoerrhe Leslie Arlen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates of service) 10225 Kenstheton Pkwy. 16. SOCIAL SECURITY NO. 17. INFORMANT David P. Tollis Kensington, Md. 141 16 5458 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN Carcinoma of breast with signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE (AUSE (0) metastases to lymph nodes, lungs and brain DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying cause (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) this certificate has detoched for use on the Dept. of Health p YES 🕶 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 2Dc. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) at work at work 21. I certify that (1) (this haspital) attended the deceased from Jan. 12 19.67 to Feb. 18 _, 19_67, that (1) (we) last 1967, and that death accurred at 1305 M, fram causes and an the date stated above saw the deceased glive an Feb. 18 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 20 FEB 67 M.D. 22d. ADDRESS 22 PHYSICIAN D.R. FOREMAN. LT WIN USN NAME (Type) Naval Hospital, Bethesda, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 2-23-67 Fairfax Va. Arlington National Cemetery Arlington 0 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 R.A. PUMPHREY. 7557 WISCONSIN AVE, BETHESDA, MD. DATEFFE 2.4

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02491 CERTIFICATE OF DEATH death. within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral tove carbon papers. Pages 1 and O. COUNTY MONTGOMER b. COLINTY MONTGOMERY MARYLAND within 72 hours after b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SILVER SPRING papers. d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO V nove carbon 3. NAME OF First Middle Lost 4. DATE Dov Year DECEASED UTMAL 19 DEATH (Type or print) requires that the death certificate be executed AGE (In years lost birthdoy) S SEX 8. DATE OF BIRTH IF UNDER YFAR IF UNDER 24 MRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY US GOV. LOWA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK T. SIMONS ELIZABETH KX C. AITEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) FRANK L. TROUTMAN, SON, 1201 CHAPLIN ST. DC 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Heolth NO YES 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work 21. I certify that (I) (this hospital) attended the deceased fram. 1966, 10 19 6 That (1) (we) last 1967, and that death occurred at 12 MM, from couses and on the date stated above saw the deceased alive on, 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 4124 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BUTREMOVAL (Specify) 2/8/67 CEDAR HILL CEMETERY PRINCE GEORGES, MARYLAND ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR WILHELM FUNERAL 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Melanley HOME, 4308 SUITLAND ROAD, SUITLAND, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02492 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomer 2, and 3 ta PM3. Page b. COUNTY MITGINIS burial-transit permit. File pages I and 2 with the State Department af MARYLAND delay b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give nearest tawn) lexanderia TONSVI d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS alang with farm ON A FARM? 99 1117 North. Green Castle Rd. Near . Rt Give Pages YES NO X NAME OF Norman 4. DATE Year DECEASED 1967 (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS DATE OF BIRTH IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Months white Dovs Male AU9 1, 1946 WIDOWED DIVORCED hours after death 20 yrs. 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during Brackworking lie, conferred ATTYSTLYines Boston, Mass. UCOUSTRYA. 14. MOTHER'S MAIDEN NAME Evangeline Oliver 13. FATHER'S NAME This certificate shauld be executed within the certificate, writing the ward "pending" in pencil 4 shauld be farwarded ta the Chief Medical Examin Russell V. Tuck Sr. 7728 Greeley Road Russell V. Tuck Sr. Hyattsville, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. within 72 (Yesyngeogunknown) (If 129164ar 1946) 4 service) 577 62 4500 1B. CAUSE OF DEATH (Enter only one cause per line, for (o), (b), and (c).) INTERVAL BETWEEN event PART I. DEATH WAS CAUSED BY: HEART, and Lungs LOWTUSION IMMEDIATE CAUSE (o) DUE TO any from Metor Cycle. Accident. Conditions, if ony, which gove rise to immediate couse (o). = stoting the underlying couse D. 0.5 19. WAS AUTOPSY PERFORMED? ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES W NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: Motor Cycle went off . Highway cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Burtonsville Moist 1967 of work ot work Highway please execute funeral directar. Page 21. I certify that I taok charge of the remains described above, held an Autopsy X, Inspection 💢 Inquiry X ond in my opinion Natural causes Accident X death resulted from: Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball, M. D. 5 may TO FUNE Health Address (Street, city, town, or county) NAME (Type) 23d. 10CATION (City or Town) (County) Colmar Manor, P.G. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (State) d. B AFMEVALL (Specify) Ft. Lincoln 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02493 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 12 ithin 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Bethesda (rural) 26 days Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Naval Hospital Grosvienor Place YES NO X NAME OF First Middle remove carbon 4 DATE Year DECEASED (Type or print) Ellen VANSANT OF DEATH Maxine February 19 67 9. AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH last birthday) Months Haurs DIVORCED April 25, 1921 Female Cauc. WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY Fort Wayne, Indiana USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physi permit. Then unknown unknown 17. INFORMANT Rockville 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Md. (Yes, no, ar unknawn) (If yes give war ar dates af service) 305-14-5426 CDR Victor W. VANSANT, 10401 Grosvner Place cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriof-tronsit p ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (a)] week DUE TO Conditions, if ony, which gave Multiple Acute Myelocytic Leukemia 4 weeks rise to immediate couse (o), DUE TO stating the underlying couse or attending prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar town) (Caunty) (State) Haur o.m. Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that M (this haspital) attended the decegsed fram Jan. 26 , 1967, to Feb. 21 , 1967, that (*) (we) last Page 4 moy be retained saw the deceased alive an Feb. 21 19 67, and that death accurred at 1235M, from causes and an the date stated above. TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. 21 Feb. 1967 M.D. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME(Type) Ross B. Moquin, M. D. Naval Hospital, Bethesda, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Arlington National 2/24/67 Arlington, Virginia
EGISTRAR 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Tyson Wheeler Funerator Tome VR A15 (4) 25M 1/67 DATE FEB 2 3 1967 Milanles Judge 1331 East Montgomery Ave., Rockville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02495 CERTIFICATE OF DEATH 02487 death. The low requires that the death certificate be executed within 24 hours after death ond 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) impletely filled in by the funeral ve carban papers. Pages 1 and event within 72 hours after deat PLACE OF DEATH o. COUNTY b COUNTY o. STATE Monte Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg Gaither sburg IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 11 Walker Ave 108 Cedar Ave. YES NO TY 4. DATE campletely f Middle Month Yeor NAME OF Lost DECEASED OF DEATH (Type or print) Minnie Briggs Walker Feh IF UNDER 1 YEAR 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED remové chast birthdoy) Months Dovs Hours Feb 17th 1886 Female White WIDOWED T DIVORCED and in ony puo 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working lite, even if retired) **INDUSTRY** Montg: Co. Md. S 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, crematian, ar removol, ottending phy permit. Then Giddian Briggs Ida. Sparror Gaithersburg 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 108 Cedar Ave .Md Milton M. Walker. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. DUE TO hertenim due Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying cause os the prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) has Health p NO certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor factory, street, office blda., etc.) Hour o.m. Not While ot work 19 ot work **DIRECTOR:** After , 196 7, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. to 2/25 1967, and that death occurred at 1.30MM, from causes and an the date stated above saw the deceased alive on 2 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 2-2526 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL Broschart NAME (Type) 11 Hulton St. director, shauld 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Gaithershurg Burial Forest Oak Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 FEB 28 1967

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02496 CERTIFICATE OF DEATH and completely filled in by the funeral remove carbon popers. Pages 1 and 2 in ony event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY. a. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside orporate limits CLENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest tawn) C CITY OR TOWN OF write RIIRAL and give IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO I please remove carbon 3. NAME OF Middle 4. DATE Day Year DECEASED DEATH (Type or print) S. SEX AGE (In years IF UNDER 1 YFAR 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Jast_birthdoy) Months Dovs Hours and in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME Ward 5 708AL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dotes of service) cremotian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) (Dtr.) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by Page 4 moy be retoined by the hospitol or attending physician. DUF TO buriol, Canditions, if any, which gove 74 HOURS rise to immediate couse (a). DUF TO stoting the underlying cause FUNERAL DIRECTOR: After this certificate has been prior to for use as the 1BRILLATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION af Heolth NO YES 🗌 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Not While foctory, street, affice bldg., etc.) 19 of wark director, page 3 should be should be filed with the Stot 21. I certify that (I) (this hospital) attended the deceased from 3 Free VARY, 1967, to 4 FRVARY, 1967, that (I) (we) last saw the deceased alive an 4 Free VARY 1967, and that death accurred at 36 M, fram causes and an the date stated abave. 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ROCKVILLE 23d. LOCATION (City or Town)
Rockville, Md. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Parklawn Cemetery 0 Funeral ADDRESS Mt Rainier 250. REC'D BY REGISTRAR NATY TAND 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nalley's VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

THE TAXABLE TO SERVICE CONTROL OF THE SERVICE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02497 CERTIFICATE OF DEATH deoth. be executed within 24 hours ofter deoth. and campletely filled in by the funeral remave carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). 1. PLACE OF DEATH o. COUNTY Montgomery MARYIAND Rock Island b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days Wheaton 516 Court d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Randolph Hills Nursing Home Courts YES NO 3. NAME OF DECEASED Middle DATE Month Year Lost Dov 20na Jebruary Isabel. Warren DEATH 1967 (Type or print) 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months April 9. 1890 Dovs Hours white temale WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY pleose physician puo Jennessee Own home requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ottending phys remaval David H. Martin Frances C. Ross 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yas, no, or unknown) (If yeargive war or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 0 330-09-1347 Mrs. Opal Sisson INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: Cimona IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING TI CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work be retained by pe 1967, to 2 19 6 7 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from /// 19/17, and that death occurred at 10 14 M, fram causes and on the date stated above. sow the deceosed alive on. 22b. DATE SIGNED 22o. SIGNAJURE M.D. PHYS DIRECTOR PHYS. directar, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) TrackMOVALISPECITY) Moline Memorial Park Moline. Illinois 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) FFR DATE 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02498 CERTIFICATE OF DEATH death. Pages 1 and campletely filled in by the funeral nave carbon papers. Pages I and iy event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR JOWN (If autside-carparete limits c. LENGTH OF STAY IN 1b c. CITY OR) TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS /Hospital YES NO Y remave carban 3. NAME OF DATE DECEASED (Type ar print) DEATH 6. COLOR OR RACE IF UNDER 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** DATE OF BIRTH as birthday) Manths Davs Haurs crematian, ar remaval, and in any X WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired) attending physician opermit. Then please INDUSTRY COUNTRY? House mother Industrial sea 11/5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME haver range 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service) 492-14-0187 Daughter 20110 the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Congestive heart failure IMMEDIATE CAUSE (a) 10 dave Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Chronic Pheumatic Aortic and Mitral Valvulitis Canditians, if any, which gave years rise ta immediate cause (a) DUE TO stating the underlying cause use as the lath priar tak this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Hypertensive Heart Disease with coronary arteriosclerosis YES 🚽 NO ь 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat While 19 at wark FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 1967, and that death accurred at 11 50 AM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN 22d. ADDRESS 7710 Dwight Drive ALFRED S. NORTON Bethesda, Maryland 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify)
Burial - transit 2-23-67 2 Olive Branch Cemetery Kensington. Kansas 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland VR A15 (4) 20 M 1/66 ROBERT A.

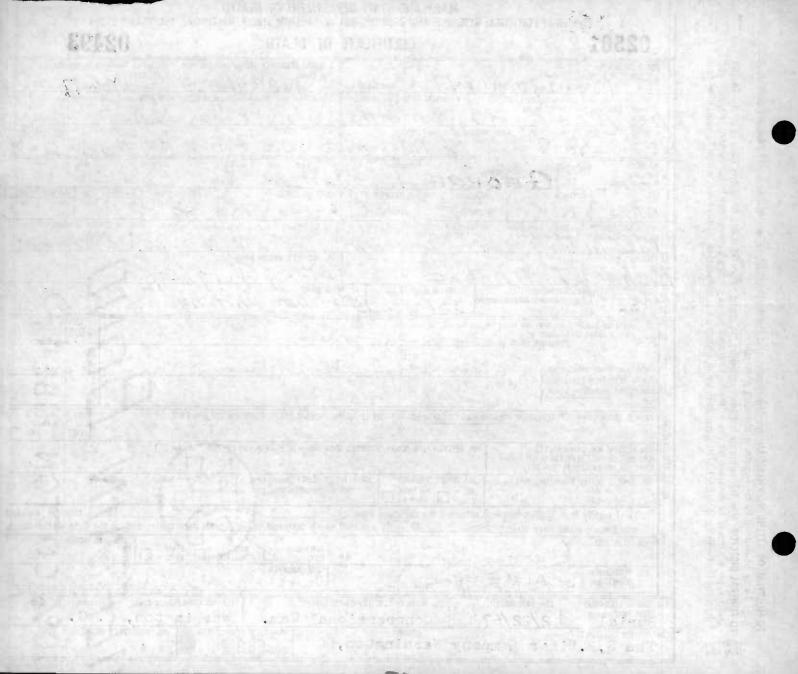
	MARYLAND STATE DEPARTMENT OF HEALTH	
	02493 CERTIFICATE OF DEATH	02491
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	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGT) OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ite RURAL end give neerest town)
1	d. NAME OF HOSTITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	V 8- 4
0 1	Bradfard Rest Home	ON A FARM YES NO
	3. NAME OF DECEASED ERUEST NORMAN WEBSTER 4. DATE OF DEATH FELL	b. 4 1967
	M NEGRO WIDOWED DIVORCED 3-1-82 Styrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
1	10e. USUAL OCCUPATION (Give kield of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Gounty & State, or foreign country of the state of the s	12. CITIZEN OF WHAT COUNTR
1	13. FATHER'S NAME HEHRY WEBSTER HOLDSELF F	oulks
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive war or dates of service) 227-14-4290 RECEND - Bradford	"Part Bradfood Si
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ED & DYTE HE CONDINE CON	INTERVAL BETWEEN ONSET AND DEATH
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	gave rise to immediate cause (a), stating the underlying DUE TO	92000
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Tazo	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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	21. I certify tha (I) (this hospital) attended the deceased from 2 5. 1965 to	and on the date stated above
	220 SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGN
	2Rc. PHYSICIAN'S 22d. ADDRESS 2C 2 Martin to	ocherille Ald.
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Feb. 7,67 Rose Hill Cemetery Manassas.	
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 250 REC'D BY REGISTRAR 256. R	Va. 22110 EGISTRAR'S SIGNATURE
4	Kapirt & Anouder Looprellene FATE FEB 7 1967	garantes Judge

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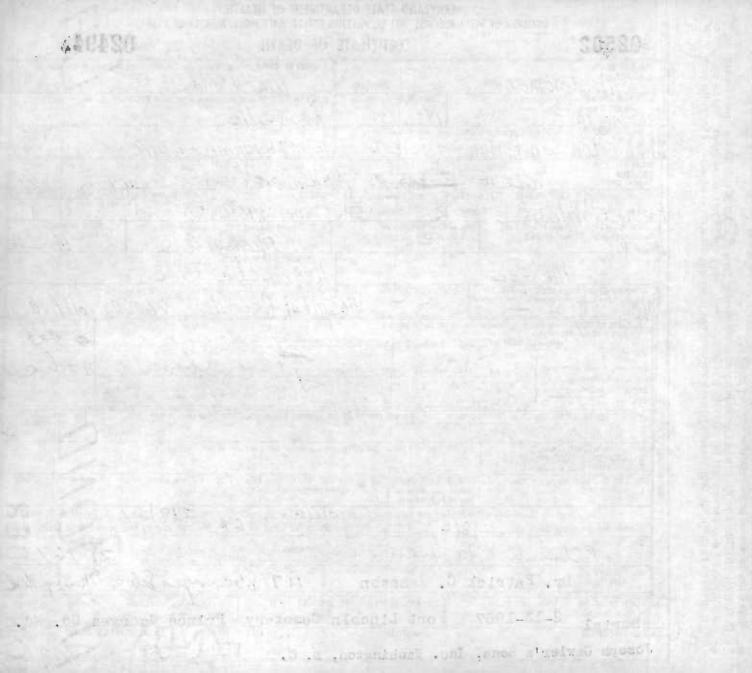
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02500 CERTIFICATE OF DEATH filled in by the funeral n papers. Poges 1 and 2 ithin 72 hours offer death. executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MONTGOMERY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) ROCKUILL KOCKUILLE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 6208 MEADOW PETOMAC VALLEY NURSING HOME YES NO IX NAME OF 4. DATE Year DECEASED LARK WHARTON DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED JAN 15, 1904 lost birthdoy) Months Haurs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) during mast af working life, even if retired) - INDUSTRY RETIRED STATE DEPT. OR ATTENDING PHYSICIAN: The low requires that the deoth certifical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal ELIZABETH HITCH 16 SOCIAL SECURITY NO. 17. INFORMANT MR. LOWRY N. COE-6208-Meadew CT. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH (ARDIAC ARREST IMMEDIATE CAUSE (o) CONGESTIVE HEART FAILURE DUF TO Canditians, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse MYOCARDITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS' PERFORMED? Health 1 ARTHRITK + RHEUMAT WID RYTHE MATOSIS NO F 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II af item 1B.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City ar town) (County) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) Haur a.m. ot wark 21. I certify that (I) (this haspital) attended the deceased from DEC 15, 1965, to FEB 7, 1967, that (I) (we) los 6 19 67, and that death occurred at 1/554 M, from causes and an the date stated above saw the deceased alive on EB TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED MED.
DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S F. O CONNOR 9218 WISCONSIN AVE, BETHESDA MI NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF Cremation Cedar Hill Crematory Suitland Md.
REGISTRAR 256 REGISTRARY SIGNATURE 2-8-1967 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. N.W.

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	1 (M)	1	Division of STATISTICAL	MARYLAND STATE DEF L RESEARCH AND RECORDS, 301		IMORE, MARYLAND 21201
	i 77		02501	CERTIFICATE	OF DEATH	02493
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	be executed within 24 hours after and campletely filled in by the fur ermave carban papers. Pages 1 in any event, within 72 hours after	S.	71.76	MARKIED NEVER MARRIED 8.	DATE OF BIRMS - 20 - 78	9. AGE (In yeors lost birthdoy) 89 yrs. IFUNDER I YEAR IFUNDER 24 HRS. Months Doys Hours Min.
	physician an	dui	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) LETTER GOVERNME FATHER'S NAME Character T. M. C.	10b. KIND OF BUSINESS OR INDUSTRY.	11. BIRTHPLACE (County & Stote, or f	oreign country) 12. CITIZEN OF WHAT COUNTRY? AMORICAN
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	5 PHYSICIAN: 1 the haspital ar this certificate detached for us e Dept. of Healt	MEDICAL CERTIF	20c. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor	20b. DESCRIBE HOW INJURY OCCURRED. (I	E OF INJURY (Home, form, 20f.	1
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•	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u shauld be filed with the State Dept. of Heal		saw the deceased alive an 3220. SIGNATURE	M.D. and that	ATTENDING MED.	M, from couses ond on the dote stated above STAFF 22b. DATE SIGNED 22b. DATE SIGNED 24c. 19 L 7
	O HOSPITAL Page 4 may O FUNERAL C director, pag should be filled	230	22c. PHYSICIAN'S NAME (Type) BLAINE D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	18641 Coles	OCATION (City or Town) (County) (Stote)
	OH OL	24	REMOVAL (Specify) Burial FUNERAL DIRECTOR The S.H. Hines Comp	Congression ADDRESS Washington,	2Sa. REC'D BY REGIST	shington, D. C. (RAR 25b. REGISTRAR'S SIGNATURE 3 1967 YCharles Juage
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02502 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. funerol l ond 2 er deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ompletely filled in by the fur ve corbon popers. Pages 1 event, within 72 hours offer MARYLAND b. CITY OR TOWN (If autside carparote limits, CLENGTH OF STAY IN 1h TOWN (If outside corparate limits, write RURAL and give nearest town) oma NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO W NAME OF Middle DATE Dov Year DECEASED OF DEATH ZABETH (Type or print) SEX 6. COLOR OR RACE 9. AGE (In years IF LIMIDER 1 IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Manths Dovs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? msv/Vania physicie en pled 13. FATHER'S NAME 14. MOTHER'S MAIDEN or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN1 16. SOCIAL SECURITY NO. (Yes, ma, ar unknown) (If yes give war ar dates of service) 600 Carro cremation, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove (b) rise to immediate cause (o), DUF TO stating the underlying couse be detached for use as the Stote Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City or town) 20c, TIME OF INJURY Manth, Doy, Year 20e, PLACE OF INJURY (Home, farm, (County) (State) Haur o.m Nat While foctory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After at work ot work 21. I certify that (1) (this haspital) attended the deceased from to/1 that (I) (we) last 6060 be retoined and that deoth accurred at 6 A M, from causes and an the date stated above. sow the deceased olive on_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S Dr. Patrick C. Jameson NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 2-13-1967 ort Lincoln Cemetery Prince Georges Co Burial
24. FUNERAL DIRECTOR Co. 2So. REC'D BY REGISTRAR ADDRESS FEB Joseph Gawler's Sons, Inc. Washington, D. C. DATE

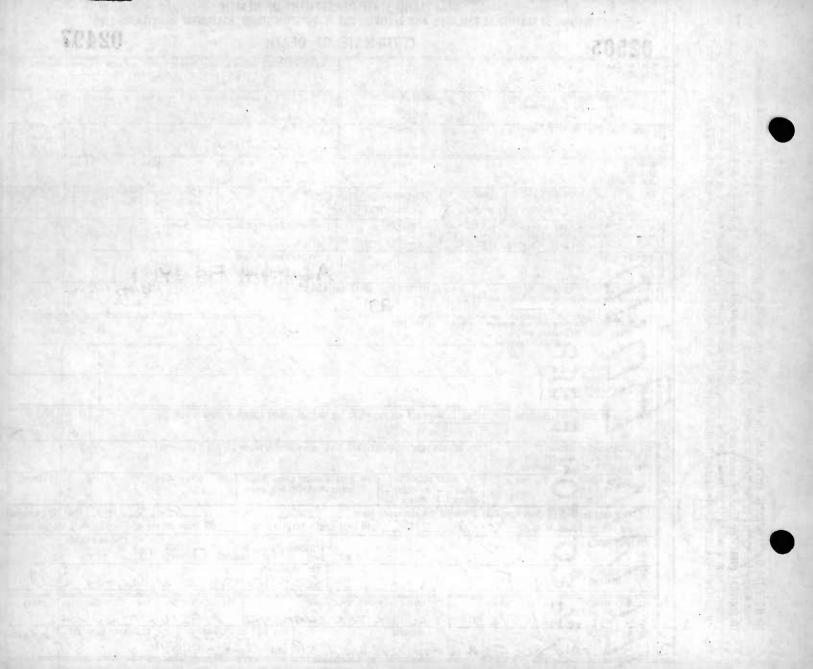


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02503 and 2 requires that the death certificate be executed within 24 haurs after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY filled in by many papers. Pages 1 are 72 haurs after d o. STATE b. COUNTY Montgomery MARYLAND Montgomery Marvland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Takoma Park 1 month-20 dates Takoma Pakk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC within 72 ON A FARM? YES NO I Washington Sanitarium and Hospital 309 Ethan Allen Avenue carban 3. NAME OF 4. DATE Doy Year DECEASED stelle icker (Type or print) DEATH February IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** lost birthday) Months Doys Hours WIDOWED DIVORCED 6-20-04 female white pud 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) physicial c during most of working life, even if retired) COUNTRY? INDUSTRY and Virginia 14. MOTHER'S MAIDEN NAME merica 13. FATHER'S NAME ar remaval, attending p permit. The Lillie Adams Elisha Wicker 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 275-111-8521 Patient's chart no 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), opd (c).) INTERVAL BETWEEN signed by the burial-transit PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) & by the haspital or attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse the of Health prior to last. SD WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X 6 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While ot work at work 21. I certify that (1) (this hospital) attended the deceased fram give 9, 1966, to 326-25, 1967, that (1) (40) last Page 4 may be retained saw the deceased alive an act 1967, and that death accurred at LASA M, fram causes and on the date stated above. DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. PHYS. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) RUSSEL 23d. LOCATION (City or Town) BURIAL, CREMATION 250 - RIC'D BY REGISTRAR VR A15 (4) 25M 1/67

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filled papers in 72		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, glya-street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO NO
executed within 20 and completely fill remove carbon page on any event, within	3.	NAME DF First Middle Last 4. DATE Month DECEASED (Type or print) OLGA CHRISTINE WIEDMAIER DEATH /20.	Day Year 28 9 1967
and complements any event,	5.		INDER 1 YEAR IF UNDER 24 HRS nths Days Hours Min.
icate be exphysician and in please de val, and in	10a dur		12. CITIZEN OF WHAT COUNTRY?
certificate Iding phy Then pl	13.	FATHER'S NAME NILSEN 14. MOTHER'S MAIDEN NAME TOLLE	RUD
eath certific attending I ermit. Ther	15 (Ye	s, no, or unknown) (tryes give war or gates or service)	licerory ones Pa
uires that the death certificate be g physician. an signed by the attending physician burial-transit permit. Then please burial, cremation, or removal, and		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH Salay
signation of the string of the		Conditions, If any, which) DUE TO My or and in Dehemics	10 dag.
w requires ending phy as been signs the buring to buring the burin	_	gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	
The lar or atticate had not use a fealth p	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART	T1(a) 19. WAS AUTDPSY PERFORMED? YES NO
PHYSICIAN: the hospita this certif detached fo e Dept. of H		20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	191.6
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirege 4 may be retained by the hospital or attending to FUNERAL DIRECTOR. After this certificate has been director, page 3 should be detached for use as the b should be filed with the State Dept. of Health prior to be	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
ATTENDII retained CTOR: A S should with the S		saw the deceased alive on 18 28 1967, and that death occurred at 2630AM, from the causes and	
ay be re DIREC 3		M.D. ATTENDING MED. STAFF PHYS.	2/18/67
HOSPITAL age 4 may FUNERAL rector, pa ould be fi		22c. PHYSICIAN'S NAME (Type) W. B. WARDROP. MD 808 PERShing Drive. S	SituER Springra
TO Par	23a	GEROVAL (Specify) 3/6/1967 ARLINGTON NATE ARLINGTON	or county) (State)
VR A15 (4) 15M 4-64	6	Il Chimmoins la Sicon Speins Spare MAR 6 1967 JC	harles Jusque
			The work of the land of the la

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) de o. COUNTY o. STATE b. COUNTY transit permit. Then Pleass remave carban papers. Pages 1 crematian, or removal, and in any event, within 72 haurs after MARYLAND CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest fown, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YES 3. NAME OF First Middle Lost DATE Year DECEASED 19 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Jost birthdoy) Months Dovs Hours DIVORCED WIDOWED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. 11. BIRTHPLACE (County & State, or foreign country) during most of working life even if retired) INDUSTRY COUNTRY ? attending physician permit. Then pleas 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. **INFORMAN** no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUF TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse ed far use as the t of Health prior tab FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 🗖 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) While Not While foctory, street, office bldg., etc.) 19 ot work pe 21. I certify that (1) (this haspital) attended the deceased fram 19 that (I) (we) last directar, page 3 shauld shauld be filed with the and that death accurred at 5 20M. from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR PHYS. M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 0 NGTON NATION MIRU 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 GAWLER'S SONS STOWNS. HUE, N.W.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02506 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND lease remave carban papers. Pages 1 and in any event, within 72 haurs after within 24 hours after b. CITY OR TOWN (If outside porporate limits OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUCADand give/newest town) filled in d. NAME OF HOSPITAL OR INSTITUTION, (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO IX campletely fi nave carban _l 3. NAME OF Doy Year DECEASED 19 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH a Jost birthdoy) Months Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100. USUAL OCCUPATION (Give kind of work done THPLACE (County & Stote, or foreign country) during most of working life, ever if retired) COUNTRY physicial certificate 13. FATHER'S NAM MOTHER'S MAIDEN NAME ar remaval. カワフ 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by DUE TO signed burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse priar to this certificate has been far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health NO Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH af. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Not While foctory, street, office bldg., etc.) ot work ot work , 1962, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. shauld and that death accurred at 12-290 M, fram causes and an the date stated above. saw the deceased alive on_ 22b DATE SIGNED 22o. SIGNATURE M DIRECTOR M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) Rock Creek Cemetery Washington D. GISTRAR'S SIGNATURE 2-21-1967 FUNERAL DIRECTOR
OSEDO WISC. 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 196

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0250	7	M.		CERTI	FICATE	OF	DEATH					02	499			
(PLACE OF DEATH a COUNTY Montgome	ry			MA LENGTH OF STAY	RYLAND	0.	Virg	gin	ia		b. COU	NTY			on)	
B	b. CITY OR TOWN (I write RURAL and Bethesda	IN 16	c. CIT	y or town (if Spri		de carpara field		, write RUI	RAL and gi	ve neares	t town)						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Naval Hospital							d. STREET ADDRESS 8646 Cromwell Drive							ON A FARM? YES NO X		
- [NAME OF DECEASED (Type or print) B	fi arbara Alio	rst ee W	ILLIS	Middle	_ 170	,	Last		DATE OF DEATH		Man		Doy		ar 67	
	SEX 'emale	6. COLOR OR RACE		RRIED K	NEVER MARRI			OF BIRTH	12)1		AGE (I	n yeors irthdoy)	IF UNDER Months		IF UNDE Hours	R 24 HRS Min.	
Divorced Usual Occupation (Give kind of wark done uring most of working life, even if retired) Divorced Usual Occupation (Give kind of wark done uring most of working life, even if retired) HOUSEWITE DIVORCED USUAL OCCUPATION (Give kind of wark done uring most of working life, even if retired)							10 June 1924 42 yrs. 11. BIRTHPLACE (County & Stote, or foreign country) Lancaster, Penn.							12. CITIZEN OF WHAT COUNTRY?			
H		ROSENTHAL					14. M	OTHER'S MAIDE	N NA	WE							
IS. (Ye:	WAS DECEASED EVE s. no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service	16. SOCIA	L SECURITY NO.		rles	ant s WILLI	s,	8646	6 Cr	Addro omwe]		Spr	Va ingf:		
	PART I. DEAT 501) Conditions, if ony, rise to immediat	which gove e couse (o),	(o) B 10 (b) S	ilate	(b), ond (c).) ral Lob Asthma										ERVAL BET SET AND I		
NC	Idast Idas											WAS AUT	OPSY NED?				
None 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port of Contributing Cause of Death (If Either, Notify Medical Examiner)									t I or Por	t II of ite	em 18.)		Y	ES 🔼	NO [
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 20d. INJURY OCCURRED While of work of twork of twork of work of work of twork of work of twork of two twork of two twork of two											(Stote)						
	21. I certify that (I) (this hospital) attended the deceased from 16 February 19 67 to 21 Feb , 1977, that (I) (we) last saw the deceased alive an 21 Feb 1967, and that death accurred at 0728 M, from causes and an the date stated above																
											AFF IYS.	22		b 196	57		
	22c. PHYSICIAN'S NAME (Type)	/ NXXX ZIM	MERM					A ADDRESS Naval H	los	*							
Ш	BURIAL, CREMATIC PEMOVAL (Specify BUTIAL	2/24/		A	rlingt	on N	lati	ona1		Ar	lin		n Co		a .	itote)	
24	EVERLY	RHEATLEY ,1	.500	W. B	ADDRESS raddock exander	Rd.	gini	2So. RE		REGISTR 2 4	19E	7Sb. RE	Clas	SIGNATU	Judy	pe	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave cachon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removol, and in any event, within 72 hours after death. Poge 4 moy be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

ATTACK ON SCHOOL Maria T. Comp. T. 2001, Maria or analysis in the following this care is PRODUCT TO THE REST OF THE PRODUCT O the second of th

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02508 CERTIFICATE OF DEATH deoth. The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH and completely filled in by the funeral o. COUNTY Mary Yand Indiana Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Bethesda(rural) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Patuxent/Rixer 155 Days Indianapolis IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hin 72 YES NO X Naval Hospital Month 3. NAME OF 4 DATE Doy Year First DECEASED 19 67 Wilson February Richard Melvin DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. B. DATE OF BIRTH S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Apr.22,1930 Male Cauc WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY the ottending physicion sit permit. Then please Ohio · NAV 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Melvina Grace Fisher Harley Hobart Wilson 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. HADDEN MASS AVE (Yes, no, or unknown) (If yes give war or dates of service) 5347 MELVINA G GRAVES INDIANAPOLIS, IND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Broncho-Pneumonia Metastatic Adenocarcinoma Parotid Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO OR ATTENDING PHYSICIAN: ō 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (f) (this haspital) attended the deceased from Sept. 15, 1966, to Feb. 17, 1967, that (x) (we) last saw the deceased of two on Feb. 17, and that death occurred at 6;40 AM, fram couses and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. 19 February 1967 DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S Naval Hospital Bethesda, Md. NAME (Type) H. E. Ashworth director, should b (Stote) Va 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, Fairfax Arlington National Cemetery Arlington REMOVAL (Specify) L.2Sb. REGISTRAR'S SIGNATURE ADDRESS Washington, REGISTRAR 24. FUNERAL DIRECTOR 2So. REC'D BY VR A15 (4) 20 M 1/66 D.C. 1400 Chapin St. N.W. W.W. Chambers DATE

THE STREET STREET STREET Thin to Little State of the things W. Ingones will the desire the first the light was

funeral after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hy CLEARED WITH MFDICAL EXAMINER OR TO HOSPITAL

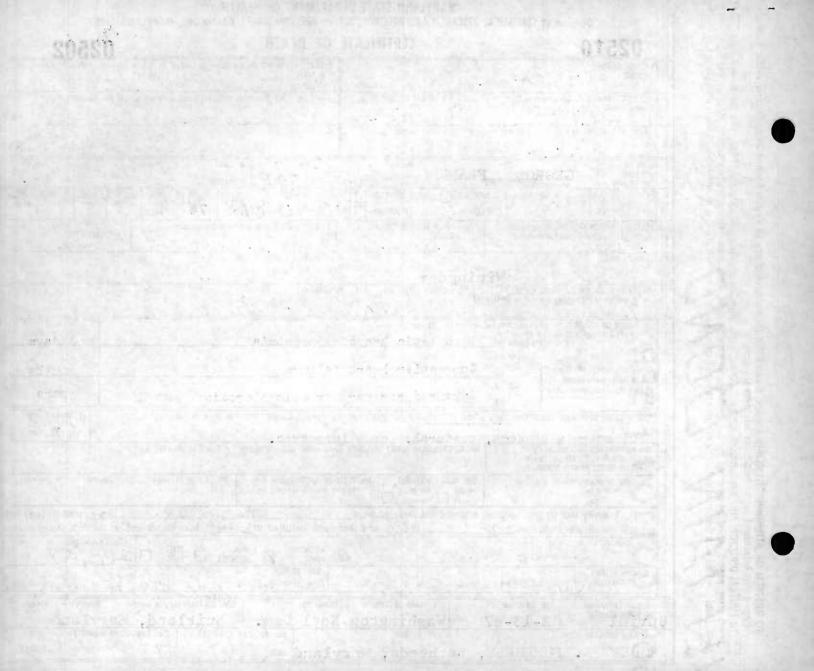
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MARYLAND STATE DEPARTMENT OF HEALTH

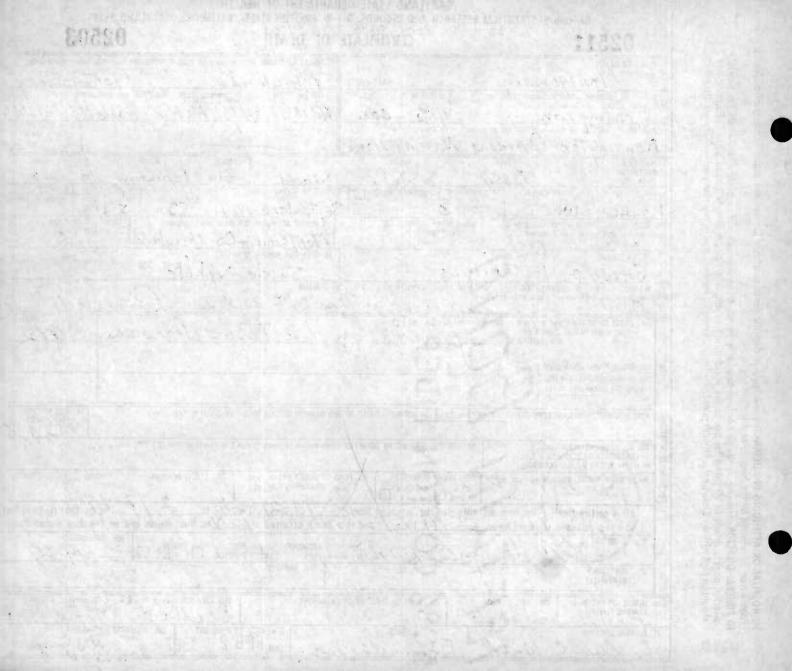
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

102509	CERTIFICAT	E OF DEAT	ı	02501
1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE . STATE	CE (Where deceesed lived, If in b. COUNT	stitution: Residence before edmission) Y
Montgomery	MARYLAND	Mary l		Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, write l	RURAL end give neerest town)
Olney		Derw	nod.	15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS	O.O.	e. IS RESIDENCE
en route to Montgomery Ger	nil Hannikal	E2 00 34	1 101 11 11	ON A FARM? YES NO X
3. NAME OF First	Middle	Last Mun	caster Mill Ro	Dey Yeer
DECEASED (Type or print)	7110010	9631	OF	
Mary	Elsie	Wilver	DEATH Feb	7 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers lest birthdey)	F UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
Female White WIDOWE	DIVORCED Apr	ril 9, 1898	68 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Washington	D. C.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	1	U.D.A.
Trida: Dia D	7.5			
William Rice Rogers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1		a Mahorney	
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
no		ontgomery Ge	neral Hospital	records
18. CAUSE OF DEATH [Enter only one cause per li	pe for (e), (b), end (c)		P ,	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	tcute Tuln	rongen 2	idema	117 /2 /2
DUE TO (A				1 / 2007
4	rteriosclerati	e - Coronara	Heart Dise	ase 2-3 us
geve rise to immediate cause		2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		73.
(e), steting the underlying DUE TO	1 - ha			1100.00
ceuse lest. (c)	Arterioscler			92275
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
Viubetes	mellitus.			YES NO
E 20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRED.	. (Enter neture of injury in	Pert t or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CON Contributing Cause of Death				
	NJURY OCCURRED 200, PLAC	E OF INJURY (Home, ferm	, ! 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. I While twork p.m. 19		ry, street, office bldg., etc.		(County) (Siete)
p.m. 19 et work		1011		17
21. I certify that (I) (this hospital) attend	ded the deceased from	1948	19to	, 19/., that (I) (we) last
	1/		~ ^	d on the date stated above.
22a. SIGNATURE	, and mar o			1 22b. DATE
Suband all of	M.D	DUNE TO B	AED. STAFF	2/7/6 SIGNED
22c. PHYSICIAN'S	M.U	22d. ADDRESS		-1/10/
NAME (Type)	a M D	Olney	r. Md.	
Richard A. Yate			23d. LOCATION (City, town	n or county) (State)
23e. BURIAL, CREMATION, 23b. DATE THEREOF _REMOVAL (Specify)	23c. NAME OF CEMETERY O	K CKEMATORT	230. LOCATION (City, fow)	i or county) (Siete)
Burial 2-10-67	Cedar Hill	Cemetery		daryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
ROBERT A. PUMPHREY, Be	thesda, Mary	land DATE	FEB 17 1967	Icharles Judge

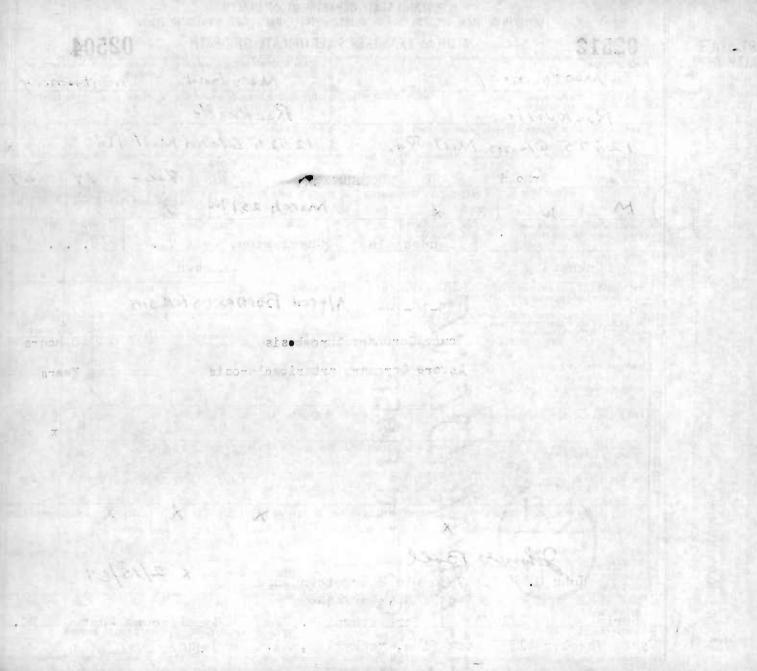
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02510 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE COUNTY everity within 72 hours after MARYLAND ar executed within 24 hours after filled in by the b. CITY OR TOWN (If outside carporate limits, write RUPAL and vive pearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corparate limits, write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X NAME OF DECEASED Middle DATE Day Year ond completely GEORGE FRANK DEATH 9. AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BURTH 7. MARRIED NEVER MARRIED birthdoy) Manths Days buriol, cremotion, ar removal, and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10baKIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT requires that the death certificate be COUNTRY ? during mast af warking life, even if retired) INDUSTRY physicion Orlamour manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Winingder IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war ar dates of service) 05 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypostatic broncho-pneumonia IMMEDIATE CAUSE (a). **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physicion. DUE TO Congestive heart failure Conditions, if ony, which gove months rise to immediate cause (a), DUE TO stoting the underlying couse director, page 3 should be detoched for use os the shauld be filed with the Stote Dept. of Heolth prior to TO FUNERAL DIRECTOR: After this certificate hos been Advanced coronary arteriosclerosis vears PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 29 NO Pulmonary emphysema. postural, large lung type. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office blda., etc.) Not While 19 at work at wark 21. I certify that (1) (this hospital) attended the deceased from 1967, that (1) (we) lost 1967, and that death occurred at _____M, fram causes and an the date stated above. saw the deceased alive an 2 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. W Hollen M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 10400 CONNECTICAT AVE 23c. NAME OF CEMETERY OR CREMATORY (State) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Burial (Specify) Suitland, Maryland 2-13-67 Washington Natl Cem. 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minutes Jus FEB ROBERT A. PUMPHREY, Bethesda, Maryland DATE

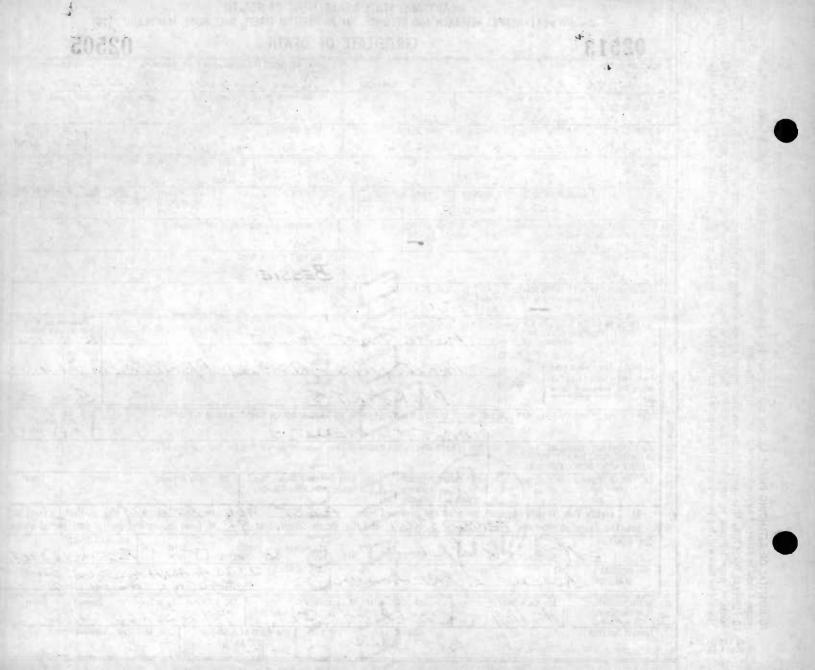


			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
1		NA			L RESEARCH AND RECORDS, 301 em #2c Film_#G386_3	W. PRESTON STREET, BAL		
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	ertificate be physician on physician on physician on	val,	13.	FATHER'S NAME	11 .	14. MOTHER'S MAIDEN NAME	11.	
	ng p	D W G	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	ILLES	SUSIC V	Address	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 2, and 3	burial, cremation, ar remaval, and in an	(Ye	, no or unknown) (If yes give war or dotes of serv	vice) //	us. com. feele	& Barneser	ele ma.
	the att	- Lo		1B. CAUSE OF DEATH (Enter only one cause pe	er line far (a), (b), and (c).)	- 0 11 1	1 1	VIERVAL BETWEEN
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	equires that physician. signed by burial-tran	orrio		Conditions, if any, which gave rise to immediate cause (a),	O			
	w re ing	, <u>p</u>		stating the underlying cause (c)				
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	rSICIAN: ospital or certificate	He	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or I	Part II af item 18.)	
	YSI cert cert	pt.		(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f	. (City ar town) (Caunty)	(Stote)
	OR ATTENDING PH be retained by the h DIRECTOR: After this as should be detacted.	e De	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m.	While Nat While fact	tary, street, affice bldg., etc.)	cert at town) (casing)	(5,0.0)
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	AT retail	vi t i H		22a. SIGNATURE	toland	ATTENDING MED.	STAFF 22b. DATE SIG	NED
	be be 3	ed		22c. PHYSICIAN'S	golack M.N.M.	D. PHYS. DIRECTOR	LI PHYS. LI J-/	7-61
	May RAL	be fi		NAME (Type)				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-trail.	shauld be filed with the State Dept. af Health prior ta	230	BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY 23d	LOCATION (City or Town) (Coun	ty) (State)
	Pag O	S S		REMOVAL (Specify) 2/22/	67 Minocaci	4 12	calloulle Mos	rly mk
		5 (4)	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGI	1 10 10 10 10 11	UKE
	VR A15 20 M 1	1/66		William C Wilton	- Damewill,	ned. DATE LU &	4 1967 Janes	June 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02512 FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: 2, and . PM3. Page o. COUNTY Montgonnery Mary Iznol. to Montgomery delay and 3 t burial-transit permit. File pages I and 2 with the State Department b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town Rockville OCKVIIIE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 3 are Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 12525 Glenn Mill This certificate shauld be executed within 24 haurs after death. NAME OF DECEASED FAL -Arnold WOODRUM DEATH 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years March 25,1904 lost birthdoy) Months Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR Oo. USUAL OCCUPATION (Give kind of work done fl. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? event within 72 haurs after Charleston, West Va. U.S.A. Landscaping 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Altred Barnes Step Son 315-16-2940 No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute Coronary thrombasis IMMEDIATE CAUSE (o). 8 hours DUE TO any Conditions, if ony, which gove Severe Coronary arteriosclarosis Yeara rise to immediate couse (a), .= DUE TO stoting the underlying couse be used crematian, ar removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES IK NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) S may be retained far yaur fi TO FUNERAL DIRECTOR: Page 3 . Health priar ta burial, crematir foctory, street, office bldg., etc.) of work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🛪 Inquiry X, and in my opinian death resulted fram: Notural causes N. Accident Notural Causes Undetermined manner the funeral director. Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7936 Old Georgetown Address (Street, city, town, or county) **EXAMINER'S** John G. Be 1 138 RAMP OF CEMETERY YOR EREMATORY 23b. DATE-THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Burial Germantown Ch. Cem Germantown, Monta 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 Tyson Wheeler 1331 Rock Pike, "ockville, MaFEB 20 1967





The law requires that the deoth certificate be executed within 24 hours after deoth

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02506 02514 CERTIFICATE OF DEATH ges Tond affected the funeral PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Montgomery MARYLAND ely filled in by the furbon papers. Poges T within 72 hours after b. CITY OR JOWN (If outside/carparate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) SHINGTO ethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? es Morre YES NO 🔀 (arbon NAME OF Middle Year completely DECEASED 5 19 6 (Type or print) DEATH event IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove last birthdoy) Months Days Haurs ony OLVORCED WIDOWED and c 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during roat af warking life, even if retired) pleose **COUNTRY?** 1 = MCH 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME cremation, or removal, ottending phy permit. Then IS. WAS DECEASED EVER IN U.S. ARMEO FORCES? 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dates af service 18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) the signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) physician. DUE TO buriol, Conditions, if any, which gave rise to immediate cause (a). **OUE TO** stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending prior to os the (c) 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 NO D YES 🗍 certificate 0 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Oav, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. Nat While ot wark at work **DIRECTOR:** After 21. I certify that (1) (this haspital) ottended the deceased from and that death occurred at 415 PM, from couses and the dote stoted obove sow the deceosed olive on on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.O. director, poge should be filed

ADORESS

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

(County)

2Sb. REGISTRAR'S SIGNATURE

(State)

NAME OF CEMETERY OR CREMATORY

FUNERAL F 9 VR A15 (4) 25M 1/67 22c. PHYSICIAN'S

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

URIA

NAME (Type)

DATE THEREO

1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
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affer			d. NAME OF HOSPITAL OR INSTITUTION (IF not i	in hospitel, give straet aggress)	d. STREET ADDRESS	uch	e, IS RESIDENCE	
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phy e rei		13.	FATHER'S NAME	O & O Kailer	14. MOTHER'S MAIDEN NAME	(Carrel Co)	4.3.77	
ding ding oleas			Charles C.	Young	Daisv K.	Garver		
then the d		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II		Addrass		
he a Th nove			70	214-10-2361 Mr	s. Mary Z. Yo	oung Same A		
cian. by the			1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c).	20	6 61	ONSET AND DEATH	
hysined it pe			IMMEDIATE CAUSE (a)	monucleus 1	ulmonary	mougsend	- 10 years	
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he he he for for he pr		CERTI	OR CONTRIBUTING CAUSE OF SEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE NOW INJURY OCCURED.	(Enter hardra of injury in rail 1 o	rais ii or nam 10.,		
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DIN Ded Aft etac of F		MEDICAL		While Not While fecto	ry, street, office bldg., etc.)	, ,		
or stair			21. I certify that (I) (this hospital) a	attended the deceased from	1/1/ 196	, to 2/13/, 19	6.7, that (I) (we) last	
P et			saw the deceased alive on	/12/19.6.T, and that	' / / /	from the causes and on		
OP OP Show			22a. SIGNATURE		ATTENDING MED.	STAFF	22b. DATE SIGNED	
AL AL			22c. PHYSICIAN'S OVEL	Macon M.				
Pag Pag K. pa	1		ALL ALE IS	Macon, M.D.	003	Viers Mill Road		
HOS ath. FUN filed	-		BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		LOCATION (City, town or coun		
000 5	0		Burial 2/16/196	7 Ijamesville	2200 0320 0120 01	Frederick Co.		
VR A15 (4)	M	24	FUNERAL DIRECTOR'S SIGNATURE • M. Waltz Box 241	ADDRESS		REGISTRAR 25b. REGISTRAR'S		
15M 9/60	1	10	. M. Waltz Box 241	Sykesville, Md	• DATE EB	6 1967 Killian	Cay Judge	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02516 CERTIFICATE OF DEATH CV death. 24 haurs after death physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and avail, and in any eyent, within 72 hours after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY MARYLAND Montgomery ontaomeri b. CITY OR TOWN (#Poutside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give neorest town) days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO IN requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Month Year Dov DECEASED 26 Feb. 1967 event, DEATH (Type or print) IF UNDER 1 YEAR LIF UNDER 24 HRS. AGE (In years lost birthdoy) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs Hours X WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Own home breece House wit 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys remaya Michael Stappas Helen Stauropoulos Sheridan Street, N.W. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) P Zubalake crematian. NTFRVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a) DUF TO has been s se as the b th priar to b stoting the underlying couse attending lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO Page 4 may be retained by the hospital or OFUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 2 -26 19 67 that (1) (we) last 2). I certify that (1) (this hospital) attended the deceased fram. 1967. to 3 shauld ond that death occurred at a 150 AM, from causes and on the date stoted above. sow the deceased alive on 20 - 25 19 67. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS PHYS. directar, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS -00 NAME (Type) ASD PRIME 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Fort Lincoln Cemetery Prince Georges Co., March 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 MAR Pumphrey.

MARTLAND STATE DEPARTMENT OF HEALTH

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